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A clinical trial to evaluate efficacy of *Saptaparna* (*Alstonia Scholaris* Linn.) *Twak Churna* in *Vicharchika* (Eczema)

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ABSTRACT

Skin diseases are very commonly seen in today's era due to irregular food habits and awkward lifestyle. Each and every person is being suffered from the same irregular lifestyle. Due to the same there is a need to discover the drug which can be administered in the skin without any side effects. There are many references found regarding treatment of *Vicharchika* (Eczema) in Ayurvedic texts but we need the drug which can act like a magical tool in the management of *Vicharchika* (Eczema). In *Bhavaprakash Nighantu*, efficacy of *Saptaparna* (*Alstonia scholaris* Linn.) has been mentioned in *Kushtha*. So, this clinical trial had been carried out to evaluate effect of *Saptaparna Twak Churna* in management of *Vicharchika* (Eczema).

Key words: *Kushtha*, *Vicharchika*, Eczema, *Saptaparna*, *Alstonia scholaris* Linn.

INTRODUCTION

Vicharchika is described under *Kshudra Kushtha* in Ayurvedic texts and also mentioned as a curable disease yet the relapsing nature of this disease makes it of stubborn nature. The disease can be correlated with 'Eczema' in modern medical science. The exact etiopathogenesis is not yet clear.

This disease has been correlated with modern disease 'eczema' by many authors. About 30% of all the skin diseases is eczema. It is always difficult to trace out the exact cause of disease, because it may be associated with the occupation, hobbies, diet, clothes,

cosmetics or other articles that the patient is exposed to during his routine life. Besides so much work on this disease a successful treatment is still not possible in any system of medicine. The present work is another attempt in this direction.

In context of skin disease, multiple drugs are prescribed in classics. In Brihatrayi, so many references of *Saptaparna* in *Kustha Chikitsa* are available. Especially Charaka has mentioned *Saptaparna* in *Kushthagna Dashemani*.^[1] Mainly prescribed in *Krimi*, *Shwasa*, *Kushtha*, *Gulma*, *Vranachikitsa*. Even *Nighantus* have mentioned the therapeutic utility of *Saptaparna*. i.e. Bhavprakash Nighantu, Dhanvantari Nighantu, Shodhala Nighantu, Raj Nighantu etc. In all the Nighantus, the therapeutic use of *Saptaparna* in *Kustha* is indicated. So far no research work has been carried out on *Saptaparna* in *Vicharchika Roga*. So, *Saptaparna* drug was selected for the clinical study. According to Bhavprakash Nighantu, *Saptaparna* is under *Haritakyadi Varga* in *Kushtha Chikitsa*.^[2]

OBJECTIVE OF THE STUDY

To study the therapeutic efficacy of the drug *Saptaparna* in the management of *Vicharchika*.

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MATERIALS AND METHODS

Source of drug

The test drug *Saptaparna* had been collected from the forest area near Vadodara. After the collection of *Saptaparna Twak*, its identification and standardization had been done. This drug had been sent to Pharmacy of Parul Institute for making *Churna* of this drug.

Criteria for selection of patients

Patients with characteristic signs and symptoms of *Vicharchika* were selected from the O.P.D. and I.P.D. Sections of Parul Sevashram Hospital, Waghodiya, Vadodara, irrespective of their Age, Sex, Religion, Occupation etc. Simple random sampling technique was chosen for selection of the Patients.

Criteria for diagnosis

For diagnosis purpose the classical signs and symptoms described in different *Samhitas* have been taken up. A detailed Proforma incorporating all the classical signs and symptoms of the disease has been prepared. Also *Dusti Laksanas of Dosa, Dhatu, Dusya, Agni* and *Prakrti* etc. have been taken up in the Proforma.

Exclusion Criteria

- Diabetes prone patients.
- Chronicity more than 3 yr.
- Non co-operative patients.
- Patients having severe bleeding ulcers, Vericosity, Malignancy etc.
- Patients having excessive purulent discharge.

Investigations

- Routine haematological, urine and stool examinations were carried out before and after treatment.
- Blood sugar level was examined before treatment to exclude the Patients of diabetes and diabetes prone patients.

Diet

- Patients are advised to take their routine normal diet, barring certain dietary constituents that are

likely to exacerbate the condition following the dietetic constituents mentioned in the *Samhitas*.

- Patients are advised to maintain good hygienic condition.
- Patients are also advised to follow all the 'Pathyapathya' regarding to *Vicharchika*.

Treatment Groups

- Group : Drug : SaptaparnaTwak Churna
- Dose : 3 gm / 2 times
- Anupana : luke warm Water
- Duration : 8 week

OBSERVATION AND RESULTS

The clinical study was carried out in 30 patients of *Vicharchika* divided into three groups, which are randomly selected for the purpose. The observations made are systematically presented, first taking down general data like age, sex, marital status, religion etc. and followed by routine urine, stool and hematological investigations.

Age: All the patients in this study were categorized into 6 age groups and maximum 30.00% patients were of 11-20 years, followed by 23.33% in age group 41-50 years, 20.00% in 21-30 years, whereas 13.33% were in 31-40 years age group. This indicates the prevalence of *Vicharchika* in (11-50 years) middle age group. It may be due to exposure to many factors related to work and other environmental factors too.

Sex: Female predominance 53.33% was evident from the table. It is just because they are more exposed to allergens related to dust, detergents, vegetables, cosmetics, jewellery, etc. which provokes the disease.

Religion: Maximum no. of patients i.e. 73.33% belonged to Hindu religion, 26.66% were Muslims. This may be due to the area where the study was performed. But Muslim community is more prone due to excessive intake of non vegetarian food.

Occupation: Maximum 40.00% patients were housewives, 30.00% patients students, 10.00% patients were servicemen, 06.66% patients were bussiness men. Occupation always affects the disease due to exposure to allergens and here maximum no. of patients were housewives, as housewives are more

exposed to allergens related to dust, detergents (mainly), vegetable etc. which provokes the disease.

Education: On considering the educational qualification it was found that maximum 30.00% patients were graduates, 23.33% primary education and 13.33% were uneducated.

Marital Status: Maximum 70.00% patients were married while 30.00% patients were unmarried. Infact marital status as such cannot affect the disease.

Socio economic status and Residential area: Maximum 36.66% patients were reported middle class, 26.66% from lower middle class; only 16.66 % patients were from lower class.

The data favors that this affects the hygiene and other nutritional factors. Some people cannot afford the treatment and some people worsen the condition by handling the problem more often by various types of medicines.

Maximum 53.33% were belonging to Rural area where as 30.00% were from city area, 10.00% and 06.66% were from Urban and Town. The data favors that the change in lifestyle and exposure to pollution like factors provoke the disease especially in Rural area where these factors are comparatively less than other area.

Addiction and Diet: Maximum 73.33% patients were addicted to tea, 26.66% to coffee, 16.66% and 13.33% patients each were addicted to Smoking and Tobbaco, 10.00% patients had the addiction of Alcohol. Addictions can prone or increase the disease and can reduce the effect of medicines.

Maximum patients were vegetarians, 36.66% were taking mixed diet. Here the study area is mainly vegetarian. Otherwise non vegetarians may be affected more.

Past history and Family History: Maximum 63.33% patients had no significant past history only 23.33% had a positive past history of skin disease.

Maximum 70.0% patients had negative family history and 30.0% patients had positive history. As per Sushrutacharya *Kustha (Vicharchika)* can create *Bijadushti* and goes through parents to child. 30% patients are supporting this theory.

Chronicity and Affected part: Maximum 43.33% patients had a chronicity of disease for 6-12 months. Maximum affected area was upper extremities in 50.0% patients, 36.66% patients were having lesions in lower extremities. 6.66% had all over body. As per Sushrutacharya, *Vicharchika* is found commonly on legs and hands. It may be due to more exposure to the allergens which provoke the disease.

Sharira, Manasa Prakruti and Dosha: Maximum 53.33% patients were having *Kapha-Vata Prakruti* and Maximum 66.66% patients were having *Tamasika Prakruti* and Maximum 43.33% patients were having *Kapha Dosha* dominant *Lakshana* of *Vicharchika*. All *Acharyas* say that *Vicharchika* is a *Kaphapradhana Vyadhi*, the above data supports the matter.

Agni and Ahara Shakti: Maximum 43.33% patients were having *Mandagni* and maximum 53.33% patients were having *Madhyama Ahara Shakti*. In both conditions, if patient does *Apathyasevan*, it causes improper digestion. And this leads to *Amlapitta* which can vitiate the *Dosha* which then creates *Shaithilya* in *Dhatu* to create the disease.

Vyayama Shakti: Maximum 56.66% patients had *Avara Vyayama Shakti*. *Vyayama* is most important factor to make our body fit and also it can fight against the disease.

Satva, Sara and Samhanan: 43.33%, 56.66%, and 63.33% patients were having respectively *Madhyamsatva*, *Sara* and *Samhanan*. The persons having *Avarasatva* require more time and counseling as compared to *Madhyama* and *Pravarasatva*. So they have to be checked properly. If the disease occurs then *Pravarasara* and *Samhanan* are easily cured, whereas *Madhyama* and *Avarasara* and *Samhanana* get affected more and do not get cured fast in comparison to *Pravarasara* and *Samhanana*.

Pradhana Rasa and Nidana Sevana: Maximum 40% patients were taking *Madhura Rasa* as a *Pradhana Rasa*. 23.33% *Katu*, 16.66% of each *Amla* and *Lavana* were taken by the patients. Here *Madhur*, *Amla*, and *Lavan Rasa* increase *Kapha Dosha*. *Amla*, *Lavan* and *Katu Rasa* can do *Dusti* of *Rakta*. All are the responsible factors for development of the *Vicharchika*. Maximum 40.00% patients were taking

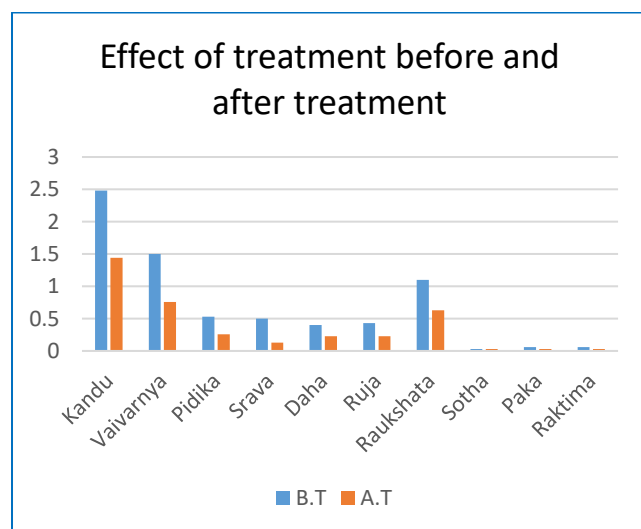
Virudhaahara, 23.33% did Mithyaahara, 20.00% Mithyavihara was followed by the patients. All these factors are responsible to develop and increase the disease Vicharchika.

Rupa of Vicharchika: Kandu and Vaivarnya were observed in all the patients. Raukshata in 43.33%, Pidika in 33.33%, Srava in 23.33%, Ruja in 30%, Daha in 20%, Raktima and Paka in 6.66 % were found in the patients. The above observation indicates the dominance of Kapha – Vata followed by Pitta. This variation happens due to the Prakruti of patients and variation in Hetu Sevana.

Effect of therapies

Effect of Saptaparna Twak Churna

Test shows effect of Saptaparna Twak Churna on the signs and symptoms of Vicharchika. 74.00% decrease in Srava which was (<0.001) statistically highly significant, Kandu – 42.38% and Vaivarnya - 50.38% both they were statistically (<0.01) significant decrease. And Raukshata – 42.72% (<0.01) was found statistically significant.



Total effect of therapy

No any patient was relieved complete relief. Only 12.50% patients were found in markedly improved and 50.00% in moderately improved. Where partially improved patients were also 50.00% and 12.50% patients were found who had complained of no change.

CONCLUSION

Clinical study conclude that Saptaparna is more beneficial where systemic involvement is present with somatic symptoms like Vibandha, Pindikodvestana, Bhrama, Daurabalya etc. Saptaparna is more effective in Srava, Kandu and mild effective in Raukshata and Vaivarnya. No any significant changes were observed in some symptoms like Raktima, Paka, Daha, Shotha.

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