

A study on the effect of Yashadamrita Malahara and Navakashaya in the management of Vicharchika (Eczema)

Sharma R^{1*}, Sharma S²

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^{1*} Ruhi Sharma, Post Graduate Scholar, PG Department of Samhita, Siddhant and Sanskrit, Rajiv Gandhi Govt Postgraduate Ayurvedic College and Hospital, Paprola, Distt Kangra, Himachal Pradesh, India.

² Sonia Sharma, Reader, PG Department of Samhita, Siddhant and Sanskrit, Rajiv Gandhi Govt Postgraduate Ayurvedic College and Hospital, Paprola, Distt Kangra, Himachal Pradesh, India.

Introduction: Skin diseases generally follow a chronic course, with frequent recurrences. In Ayurvedic texts, the topical application of Yashadamrita Malahara[1] is described as highly effective in the treatment of Vicharchika (Eczema), while Navakashaya[2] is considered beneficial for Pittaja and Kaphajanya Kushtha. However, no prior studies have evaluated their combined efficacy. This study was conducted to assess the effectiveness of Yashadamrita Malahara and Navakashaya in the management of Vicharchika (Eczema).

Method: In this study, a total of 45 patients with Vicharchika (Eczema) were enrolled in three groups, and all of them completed the full course of treatment.

Result: In first group, Yashadamrita Malahara was applied externally to the patients of Vicharchika (Eczema) which provided complete improvement to 20% of patients, marked improvement to 60% of patients, moderate improvement to 13% of patients, and mild improvement to 7% patients. In second group, Navakashaya was given orally to the patients of Vicharchika (Eczema) provided complete improvement to 20% of patients moderate improvement to 20% of patients, and mild improvement to 80% of patients. In third group, Yashadamrita Malahara was applied locally and Navakashaya was given orally to the patients of Vicharchika (Eczema) which provided complete improvement to 33% of patients, marked improvement to 53% of patients, moderate improvement to 7% of patients, and mild improvement to 7% patients.

Conclusion: The findings of the study indicate that both Yashadamrita Malahara and Navakashaya can be considered effective treatment options for Vicharchika (Eczema).

Keywords: Eczema, Navakashaya, Vicharchika, Yashadamrita Malahara

Corresponding Author

Ruhi Sharma, Post Graduate Scholar, PG Department of Samhita, Siddhant and Sanskrit, Rajiv Gandhi Govt Postgraduate Ayurvedic College and Hospital, Paprola, Distt Kangra, Himachal Pradesh, India.
Email: ruhi.sharma101296@gmail.com

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Introduction

Ayurveda, ancient and holistic system of medicine originating from India, offers a profound and comprehensive approach to health and disease management. Among its numerous specialties, description of skin diseases, collectively referred to as *Kushtha*, is of particular importance. Skin diseases, owing to their visible and often distressing nature, have a significant impact on an individual's physical, psychological, and social well-being. Proper management and treatment can significantly improve patient's quality of life and reduce burden of skin diseases on society as a whole. Within broad spectrum of *Kushtha*, *Vicharchika* stands out as a prevalent and challenging condition, analogous to eczema in contemporary medical terminology. *Vicharchika* is characterized by symptoms[3] such as *Kandu*, *Pidika*, *Shyavata*, *Raji*, etc. *Vicharchika* is typically classified as a *Kshudra Kushtha*[4], implying that it is a minor skin disorder with less intense *Doshic* involvement, potentially leading to a slower progression and localized symptoms. Eczema is a non-contagious skin inflammation with symptoms of excessive itching, papules, vesicles, pustules, erythema with discoloration, profuse discharge, oozing, thickening, pain, etc. It is a chronic ailment and its relapses are common.[5] According to *Ayurvedic* principles, all *Kushtha* disorders originate from an imbalance of three *Doshas* - *Vata*, *Pitta*, and *Kapha*. In case of *Vicharchika*, *Kapha* may contribute to itching (*Kandu*), *Pitta* to discharge (*Srava*), erythema (*Raaga*), and *Vata* to discoloration (*Shyavata*). Although *Tridoshaja* origin is acknowledged, different *Ayurvedic* texts may emphasize varying *Doshic* dominances, leading to specific symptom complexes. In realm of eczema treatment, contemporary medical science typically recommends use of topical corticosteroids to manage symptoms and reduce inflammation. In recent times, there has been a noticeable global shift towards *Ayurveda*, as many people seek its safe and comprehensive approach to curing diseases. The traditional *Ayurvedic* texts offer an extensive array of formulations and therapeutic strategies for treatment of *Kushtha*, drawing on centuries of empirical knowledge and clinical practice. This study is focused on management of *Vicharchika*. Two formulations, *Yashadamrita Malahara*, and *Navakashaya*, are highlighted for evaluating their efficacy in management of *Vicharchika*.

Aims and Objectives

1. To evaluate the effect of *Yashadamrita Malahara* and *Navakashaya* in the management of *Vicharchika* and its associated symptoms.
2. To compare the effect of *Yashadamrita Malahara* and *Navakashaya*.

Materials and Methods

45 patients of *Vicharchika* were selected randomly from the OPD of Skin care unit of Rajiv Gandhi Govt. Post Graduate Ayurvedic College & Hospital, Paprola. Patients with clinical signs and symptoms of *Vicharchika* (Eczema), as described in both *Ayurvedic* and modern medical texts, were selected for the study. The patients having following signs and symptoms were diagnosed as suffering from *Vicharchika* (Eczema).

- **Raji** - linear scratch marks / Thickening of skin
- **Kandu** - Itching
- **Srava** - Serous discharge
- **Pidika** - Papule /plaque /vesicle

Objective criteria: Routine hematological investigations like CBC, ESR, LFT.

Criteria for inclusion:

1. Patients with classical signs and symptoms of the disease *Vicharchika* e., *Raji*, *Kandu*, *Srava*, and *Pidika*.
2. Patients between 15-70 years of age without any bar of gender, religion, occupation, and socioeconomic status.

Criteria for exclusion:

1. Patients below 15 years and above 70 years of age.
2. Patients suffering from any chronic illness.
3. Pregnant and lactating women.
4. Patients of *Vicharchika* having secondary infections.

Method of preparation of drugs:

Yashadamrita Malahara

Yashadamrita Malahara was prepared according to traditional method described in *Rasa Tarangini* (19 / 146-147).[6] *Siktha Taila* base was prepared using *Siktha* and *Tila Taila* in the ratio of 1:6 respectively.

It was followed by mixing *Yashada Pushpa* and *Siktha Taila* in a 1:3 ratio thoroughly until a homogenous mixture was obtained.

Navakashaya

Vacha Shodhana was done as mentioned in *Chakradatta Vatavyadhi Chikitsa* (22/287-288). As per the reference, the rhizomes were boiled successively in *Gomutra*, *Alamabusha*, and *Panchapallava Kwatha* followed by *Bashpaswedana* using *Surabhitoya*. Once the raw drugs were dried, an equal quantity of drugs were pulverized into a coarse powder as mentioned in *Chakradatta Kushthachikitsa* (50/58).[8] This powder was then utilized in the preparation of *Kashaya*, by *Ayurvedic* classical texts.

Protocol of Research

IEC approval & Consent: Approval from the institutional ethics committee was obtained prior to beginning the study vide letter No. Ayu/IEC/2022/1313 dated 24/09/2022. A written & informed consent of patients was taken before their registration for the study.

CTRI Registration: The study has also been registered in the Clinical Trial Registry of India vide CTRI no. CTRI/2023/05/052621.

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 effects. A Clinical Research Proforma was prepared to note down all the details of the patients and improvement in the symptoms.

Sample size: 45 patients of *Vicharchika* were treated by randomly dividing them into three groups of 15 patients each and the treatment schedule was as follows-

Group 1: Patients in this group were managed by local application of *Yashadamrita Malahara* twice a day according to distribution & extension of lesions.

Group 2: Patients in this group were managed by administering *Navakashaya* 20ml orally twice a day.

Group 3: Patients were managed by local application of *Yashadamrita Malahara* & oral administration of *Navakashaya*.

Duration of clinical study was 45 days. Follow-up was done every 15th day during and after completion of the study.

Parameters for Assessment of Results:

Assessment of the results obtained was done on the basis of 4 subjective criteria (*Raji*, *Kandu*, *Srava*, *Pidika*) which were assigned different grades from 0-3 on the basis of severity of the symptoms.

The obtained data was analyzed statistically and expressed in terms of mean standard deviation (SD) and standard error (SE). The Paired "t" test, and ANOVA test were applied to observe the significance of results obtained after treatment.

The data collected from the clinical study was compiled and subjected to statistical analysis, subsequently presented in the following sections:

1. Demographic Characteristics: The first section provides a detailed description of the demographic profile of the study population, including variables such as age, sex, occupation, etc.

2. Efficacy of the Therapeutic Intervention: The second section focuses on the therapeutic outcomes, evaluating the effect of the intervention through an assessment of symptom improvement, as measured by subjective clinical criteria.

Observations and Results

Demographic profile:

Age: In the present study maximum number of patients 37.7% were between the age group of 31 to 38 years. 17.7% of patients were between 23 to 30 years of age group followed by 15.5% in the age group of 47 to 54 years followed by 11.1% in the 39 to 46 years of age and 6.67% in the age group of 55 to 62 and 63-70 years. The least number of patients were registered in the age group of 15 to 22 years with a percentage of 4.4%. Most of the patients belong to mid-age as they are more prone to exposures like occupational, environmental, unwholesome diet, etc.

Gender: Gender has no direct relationship with *Vicharchika*. In the present study, 57.7% of patients were female and 42.3% were male.

Occupation: It was observed that the maximum number of patients were housewives i.e. 40% as they are more exposed to household chemical irritants like detergents, dishwasher soaps, other cleaners, etc.

Dietary habits: 71.2% of patients followed a mixed diet followed by 28.8% with a vegetarian diet.

It can be concluded that *Nidana* like *Guru*, *Vidahi* and *Ushna Ahara* plays an important role in the pathogenesis of *Kushtha*. A diet high in animal protein can trigger the release of inflammatory mediators, which may worsen eczema and lead to relapses.

Prakriti: It was observed that a maximum number of patients i.e., 46.7% were of *Pitta-Kaphaja Prakriti* followed by 28.8 % were of *Vata-Kaphaja Prakriti* and 24.4% patients of *Vata Pittaja Prakriti*. *Kapha* and *Pitta* are considered primary *Doshas* involved in pathogenesis of *Vicharchika*. **Duration:** It was observed that 55.6% of patients had an acute condition, while 44.4% had a chronic condition.

Effect of therapy:

Group I: The intervention showed significant relief in the symptoms i.e., *Raji* (78.78%), *Kandu* (75.86%), *Srava* (90%), *Pidika* (86.48%) which was statistically highly significant. (Table 1)

Out of a total of 15 patients, 3 patients (20%) showed complete remission, 9 patients (60%) showed marked improvement, 2 patients (13 %) showed moderate improvement whereas 1 patient (7%) showed mild improvement.

Table 1: Effect of Therapy in 15 patients of Group I (Paired 't' test)

| Group I | BT | AT | % relief | Mean diff. | S.D. | S.E. | t-value | p-value |
|---------|-----|-----|----------|------------|------|------|---------|---------|
| Raji | 2.2 | 0.4 | 78.78 | 1.8 | 0.88 | 0.22 | 7.59 | <0.001 |
| Kandu | 1.9 | 0.4 | 75.86 | 1.4 | 0.74 | 0.19 | 7.64 | <0.001 |
| Srava | 2 | 0.2 | 90 | 1.8 | 0.86 | 0.22 | 8.08 | <0.001 |
| Pidika | 2.4 | 0.3 | 86.48 | 2.1 | 0.83 | 0.21 | 9.90 | <0.001 |

Group II: The intervention showed significant relief in the symptoms i.e., *Raji* (42.42%), *Kandu* (71.42%), *Srava* (40%), *Pidika* (37.14%) which was statistically significant. (Table 2)

Out of a total of 15 patients, 3 patients (20%) showed moderate improvement whereas 12 patient (80%) showed mild improvement.

Table 2: Effect of Therapy in 15 patients of Group II (Paired 't' test)

| Group II | BT | AT | % relief | Mean diff. | S.D. | S.E. | t-value | p-value |
|----------|-----|-----|----------|------------|------|------|---------|---------|
| Raji | 2.2 | 1.3 | 42.42 | 0.9 | 0.45 | 0.11 | 7.89 | <0.001 |
| Kandu | 1.8 | 0.5 | 71.42 | 1.3 | 0.89 | 0.23 | 5.73 | =0.0052 |
| Srava | 2 | 1.2 | 40 | 0.8 | 0.56 | 0.14 | 5.52 | =0.0075 |
| Pidika | 2.3 | 1.4 | 37.14 | 0.8 | 0.35 | 0.09 | 9.53 | <0.001 |

Group III: The intervention showed significant relief in the symptoms i.e., *Raji* (82.85%), *Kandu* (84.84%), *Srava* (90.62%), *Pidika* (94.44%) which was statistically highly significant. (Table 3)

Out of a total of 15 patients, 5 patients (33%) showed complete remission, 8 patients (53%) showed marked improvement, 1 patient (7 %) showed moderate improvement and 1 patient (7%) showed mild improvement.

Table 3: Effect of Therapy in 15 patients of Group III (Paired 't' test)

| Group III | BT | AT | % relief | Mean diff. | S.D. | S.E. | t-value | p-value |
|-----------|-----|-----|----------|------------|------|------|---------|---------|
| Raji | 2.3 | 0.4 | 82.85 | 1.9 | 0.79 | 0.20 | 9.37 | <0.001 |
| Kandu | 2.2 | 0.3 | 84.84 | 1.8 | 0.74 | 0.19 | 9.72 | <0.001 |
| Srava | 2.1 | 0.2 | 90.62 | 1.9 | 0.96 | 0.24 | 7.79 | <0.001 |
| Pidika | 2.4 | 0.1 | 94.44 | 2.3 | 0.70 | 0.18 | 12.47 | <0.001 |

Intergroup comparison of therapy Inter-group comparison of the effect of therapy on *Raji*, observed after completion of therapy was statistically significant ($p=0.001$). Inter-group comparison of the effect of therapy on *Kandu*, observed after completion of therapy was statistically not significant ($p=0.17$). Intergroup comparison of the effect of therapy on *Srava*, observed after completion of therapy was statistically significant ($p<0.001$). Intergroup comparison of the effect of therapy on *Pidika*, observed after completion of therapy was statistically significant ($p<0.001$). (Table 4)

Table 4: Intergroup comparison of therapy (One Way ANOVA)

| Symptoms | Percentage Relief | | | SST | MSD | F value | P value |
|----------|-------------------|----------|-----------|-------|------|---------|---------|
| | Group I | Group II | Group III | | | | |
| Raji | 78.78 | 42.42 | 82.85 | 8.4 | 4.2 | 7.73 | =0.001 |
| Kandu | 75.86 | 71.42 | 84.84 | 11.5 | 5.75 | 8.71 | 0.17 |
| Srava | 90 | 40 | 90.62 | 2.31 | 1.15 | 1.81 | <0.001 |
| Pidika | 86.48 | 37.14 | 94.44 | 17.91 | 8.95 | 20.42 | <0.001 |

Overall effect of therapy

Out of all 45 patients, 8 (17.7%) patients showed complete remission i.e., 100% improvement in signs & symptoms, 17 (37.7%) patients showed marked improvement i.e., relief in signs & symptoms is >75%, 6 (13.3%) patients showed moderate improvement i.e., relief is in between 51% to 75% & 14 (31.1%) patients showed mild improvement i.e., relief is in between 25% to 50%. (Table 5)

Table 5: Overall effect of therapy

| Group | Cured 100% | Markedly improved >75% | Moderately improved 51-75% | Mildly improved 25-50% | Not improved <25% |
|-----------|---------------|------------------------------|----------------------------------|------------------------------|-------------------------|
| Group I | 3 | 9 | 2 | 1 | 0 |
| Group II | 0 | 0 | 3 | 12 | 0 |
| Group III | 5 | 8 | 1 | 1 | 0 |
| Total | 8 | 17 | 6 | 14 | 0 |

The analysis of data indicates that the intervention yielded a more satisfactory effect in Group III as compared to Group I and II.

Discussion

The present study was conducted to assess the efficacy of *Ayurvedic* formulations in the treatment of *Vicharchika*. The results of the study provide substantial evidence regarding the therapeutic action of the drug. *Yashadamrita Malahara* was particularly effective in treating wet and oozing lesions, while *Navakashaya* proved beneficial in alleviating *Kandu*. The primary action of *Malahara* is to reach the deeper tissues through *Sira Mukha* & *Swedavahi Srotas* utilizing its *Sukshma* & *Tikshna Gunas*. Due to their *Ushna*, *Tikshna*, *Vishada* & *Sukshma Gunas*, it clears the obstruction in *Swedavaha Srotas* & allow the toxins to flow through the *Sweda*, thus clearing out the microchannels.[9] The base of *Malahara*, *Siktha Taila*, possesses *Snigdha Guna*, which aids in alleviating *Vata Dosha* and reduces *Rukshata* in the lesions and it also promotes the healing process (*Ropana Karma*).[10,11]

Most of the drugs of *Navakashaya* possess *Katu*, *Kashaya*, and *Tikta Rasa*; *Laghu*, *Ruksha*, and *Tikshna Guna*; *Ushna Virya* and *Katu Vipaka*. [12] Overall, all the drugs of *Navakashaya* are *Tridoshashamaka* predominantly *Kapha* and *Pitta Shamaka* which are the primary *Doshas* vitiated in *Vicharchika*. No adverse effects were observed during either the treatment or the follow-up period. However, it should be noted that this is a preliminary study conducted as part of an educational research program with a small sample size and a limited duration

Conclusion

The present study concludes that the investigated drugs are effective in alleviating the signs and symptoms of *Vicharchika*.

Both therapeutic interventions demonstrated significant efficacy in managing the condition. Further clinical trials with larger sample sizes are necessary to definitively establish the *Vicharchikahara* effects of these treatments. Based on the findings of this dissertation, *Yashadamrita Malahara* may be recommended as a viable therapeutic option for the management of *Vicharchika*.

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