ISSN 2456-3110
Vol 8 · Issue 11
November 2023

JAiMS
INTERNATIONAL

Journal of Ayurveda and Integrated Medical Sciences

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences

Maharshi Charaka
Ayurveda

Indexed

Journal of
Ayurveda and Integrated Medical Sciences
ISSN 2456-3110
ORIGINAL ARTICLE November 2023

An open label single arm clinical study to evaluate the combined effectiveness of *Navakashaya* and *Vidangadi Lepa* in *Vicharchika* (Dermatitis)

Dija T Lawrence[1], Girish K J[2], Vasantha B[3], Tapas Brata Tripathy[4]

[1]*Final Year Post Graduate Scholar, Department of Kayachikitsa, Sri Dharmasthala Manjunatheswara College of Ayurveda and Hospital, Hassan, Karnataka, India.*

[2]*Professor, Department of Kayachikitsa, Patanjali Ayurveda College, Haridwar, Uttarakhand, India.*

[3]*Associate Professor, Department of Kayachikitsa, Sri Dharmasthala Manjunatheswara College of Ayurveda and Hospital, Hassan, Karnataka, India.*

[4]*Professor, Department of Kayachikitsa, Sri Dharmasthala Manjunatheswara College of Ayurveda and Hospital, Hassan, Karnataka, India.*

ABSTRACT

Background: *Vicharchika* is one among the *Kshudra Kushta* with predominance of *Kapha Dosha* and it is characterized by, *Kandu* (Itching), *Bahu Srava* (Excessive exudation), *Shyava Varna* (Greyish black discolouration) and *Pidaka* (Papule). *Vicharchika* is similar to Dermatitis (Eczema). Dermatitis is a heterogenous group of disorders that share similarities in clinical appearance and histopathologic findings, but may have different etiologies. **Objectives:** To evaluate the combined effectiveness of *Navakashaya* and *Vidangadi Lepa* in the management of *Vicharchika* (Dermatitis). **Methods:** Among 34 registered subjects, 30 of them completed the course of treatment. They were administered with *Navakashaya* internally and *Vidangadi Lepa* application externally for a period of 30 days. Ordinal data was analyzed with Friedman's test followed by Wilcoxon signed rank test as post-hoc and Nominal data was analyzed with Cochran Q test followed by McNemar test as post-hoc. Continuous data was analyzed by Repeated Measures ANOVA and after applying bonferroni correction with Paired t test as post-hoc. **Results**: There was statistically significant improvement in the subjective and objective parameters of *Vicharchika* (Dermatitis). **Conclusion:** *Navakashaya* and *Vidangadi Lepa* are effective in the management of *Vicharchika* (Dermatitis).

Key words: *Dermatitis, EASI Score, Navakashaya, Vicharchika, Vidangadi Lepa*

INTRODUCTION

In *Ayurveda*, all skin disorders have been classified mainly into two groups - *Mahakushta* and *Kshudra Kushta. Vicharchika* is one among the *Kshudra Kushta* with the predominance of *Kapha Dosha* and it is characterized by the *Lakshanas* i.e., *Kandu* (itching), *Bahu Srava* (excessive exudation), *Shyava Varna* (blackish brown discolouration) and *Pidaka* (papule).[1]

On the basis of the symptoms, *Vicharchika* can be correlated with Dermatitis in modern science, which is a reaction pattern manifested by variable clinical and histologic findings. Dermatitis was estimated to affect 245 million people (3.34%) of the world population.[2] The prevalence of dermatitis is increasing because of rapid industrialization, use of chemicals, cosmetics, soaps and other irritants. About 10-20% of the general practice includes the patients suffering from skin disorders. Dermatitis accounts for a very large proportion of all the skin disease. Primary lesions may include papules, erythematous macules and vesicles which can coalesce to form patches and plaques. In severe dermatitis, secondary lesions such as weeping and crusting may predominate. Long-standing

Address for correspondence:
Dr. Dija T Lawrence
Final Year Post Graduate Scholar, Department of Kayachikitsa, Sri Dharmasthala Manjunatheswara College of Ayurveda and Hospital, Hassan, Karnataka, India.
E-mail: lawrencedija8@gmail.com

Submission Date: 13/09/2023 Accepted Date: 21/10/2023

Access this article online

Quick Response Code

Website: www.jaims.in

DOI: 10.21760/jaims.8.11.2

ISSN: 2456-3110 ORIGINAL ARTICLE November 2023

dermatitis is often dry and is characterized by thickened, scaling skin (lichenification). The histologic features of Dermatitis have been divided into three patterns: acute, sub-acute and chronic. Acute dermatitis shows a mixture of epidermal vesiculation, and a mononuclear cell infiltrate. Chronic dermatitis demonstrates epidermal acanthosis, hyperkeratosis, upper dermal fibrosis, and a predominantly perivascular mononuclear cell infiltrate. Mixtures of these two histologic reaction patterns occur in sub-acute dermatitis.[3]

In contemporary medical practice, antihistamines and topical steroids are the medications for Dermatitis. There is no specific description available in *Samhita* regarding the *Chikitsasutra* of *Vicharchika*. Hence the treatment is to be carried out according to the predominance of *Dosha*.

The *Navakashaya*[4] *Yoga* explained by *Chakradutta* in *Kushta Adhikara* comprises of *Triphala, Patola, Rajani, Manjishta, Rohini, Vacha* and *Nimba*. These drugs have properties like *Tikta Rasa, Laghu* and *Ruksha Guna, Ushna Veerya, Katu Vipaka* and *Kapha Pittahara, Deepana* and *Varnya* action.

External intervention i.e., *Vidangadi Lepa*[5] comprises of *Vidanga, Saindhava, Shiva (Haritaki), Sasirekha (Bakuchi), Sarshapa, Karanja, Rajani (Haridra)*, along with *Go Jala (Gomutra Arka)* which is explained by *Chakradutta* in *Kushta Prakarana*. These drugs have properties like *Tikta Rasa, Laghu, Ruksha Guna, Ushna Veerya* and *Kushtagna.* Hence both formulations are helpful in *Samprapti Vighatana* of *Kapha Pradhana Vicharchika*.

OBJECTIVE

To assess the combined effectiveness of 45 ml of *Navakashaya* internally twice daily, before food with *Anupana* of warm water and *Vidangadi Lepa* application externally, once daily in day time with *Gomutra Arka* for a period of 30 days in the management of *Vicharchika* (Dermatitis).

MATERIALS AND METHODS

Source of data: Patients who attended the out-patient department of Kayachikitsa at Sri Dharmasthala Manjunatheswara Ayurveda Hospital, Hassan.

Method of collection of data: Data was collected using specially prepared case report form.

Screening of the patient

A screening form was prepared with all aspects of history, signs, and symptoms of *Vicharchika* (Dermatitis).

Diagnostic criteria

Among screened patients**,** *Vicharchika* (Dermatitis) was diagnosed based on *Lakshanas* of *Vicharchika* (Dermatitis) such as *Kandu* (itching), *Shyava Varna* (Greyish black discolouration), *Pidaka* (papule), *Bahu Srava* (exudation).

Inclusion criteria

- Subjects suffering with *Vicharchika* up to 1 year of chronicity
- Subjects of either gender, aged between 18-70 years
- Subjects willing to participate in the study and ready to sign informed consent form

Exclusion criteria

- Subjects with uncontrolled diabetes mellitus
- Pregnant and lactating women
- Subjects with impaired cardiac, renal, and hepatic functions

Sampling technique - Convenient sampling

Sample size - 30

Statistical method

Ordinal data was analyzed with Friedman's test followed by Wilcoxon signed rank test as post-hoc and Nominal data was analyzed with Cochran Q test followed by McNemar test as post-hoc. Continuous data was analyzed by Repeated Measures ANOVA and after applying bonferroni correction with Paired t test as post-hoc.

Ethical clearance and CTRI registration

The ethics clearance certificate from the Institutional Ethics Committee of Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital,

ISSN: 2456-3110 ORIGINAL ARTICLE November 2023

Hassan was obtained, with IEC No: SDM/IEC/75/2021 (9/7/2021). Trial was registered on Indian clinical trial registry, CTRI/2022/05/042516.

Study design

Open label single arm prospective clinical study with pre and post-test design, from outpatient department of a tertiary Ayurveda hospital attached to Ayurveda medical college located in district headquarters in Southern India.

Intervention

Internal medication

1. *Navakashaya*

Dose: 45ml twice daily (Morning and Evening), before food

Route of administration-Orally

Anupana - Warm water

Duration - 30 days

External Application

2. *Vidangadi Lepa*

Vidangadi Lepa Choorna application mixed with *Gomutra Arka*

Dose - Once daily, in day time (Morning - 15 minutes), Thickness of 3mm.

Duration - 30 days

Source and Authentication of Raw Drug

Required raw drugs for the medicine preparation were purchased from GMP certified Pharmacy - CKKM Ayurveda Medicine Manufactures, Kerala along with authentication certificate.

Assessment Criteria:

Signs and symptoms of *Vicharchika* (Dermatitiis) like *Kandu* (itching), *Shyava Varna* (greyish black discolouration), *Pidaka* (papule), *Bahu Srava* (exudation) were assessed by giving suitable scoring at three intervals namely 1st, 15th and 30th day of treatment. The disease activity of the patient was assessed by Eczema Area and Severity Index Score (EASI Score).

Subjective parameter

- *Kandu*

Objective parameter

- *Shyava Varna*
- *Pidaka*
- *Bahu Srava*

Table 1: Scoring criteria of *Kandu*[6] (Pruritus)

Grade	Score
Nearly no itching	0
Mild or occasional itching (1-2 times in a day)	1
Itching on and off	2
Continuous itching without disturbance in routine	3
Continuous itching with disturbance in routine even in sleep	4

Table 2: Scoring criteria of *Bahu Srava*[6] (Discharge)

Grade	Score
Nearly no weeping	0
Moisture on the skin lesion	1
Weeping from the skin after itching	2
Weeping from the skin	3
Profuse weeping making cloths wet	4

OBSERVATIONS

Table 3: Demographic profile of 34 patients of *Vicharchika*

Observation	Predominance	Percentage %
Age	31-40 years	11 (32.35%)
Gender	Female	20 (58.82%)
Socio-economic status	Lower middle	17 (50%)

ISSN: 2456-3110 ORIGINAL ARTICLE November 2023

Table 4: Baseline distribution of *Lakshanas* of 34 patients of *Vicharchika*

Lakshana (Present)	Percentage %
Kandu	34 (100 %)
Shyava Varna	34 (100 %)
Pidaka	34 (100 %)
Bahu Srava	34 (100 %)

RESULTS

MC Nemar Test

Table 5: Effect of Intervention on the assessment of *Kandu* between various intervals

BT - 15th Day					
Kandu BT	**Kandu 15thDay**		**N**	**P**	**Remarks**
	Present	**Absent**			
Present	26	4	30	>0.016	NS
Absent	0	0			
15th Day - 30th Day					
Kandu 15th Day	**Kandu 30th Day**		**N**	**P**	**Remarks**
	Present	**Absent**			
Present	14	12	30	<0.016	S
Absent	0	4			
BT - 30th Day					
Kandu BT	**Kandu 30th Day**		**N**	**P**	**Remarks**
	Present	**Absent**			
Present	14	16	30	<0.016	S
Absent	0	0			

Wilcoxon signed Rank Test

Table 6: Effect of Intervention on scoring of *Kandu*

Parameter	Negative Ranks			Positive Ranks			Ties	Total	Z Value	P Value	Remarks
	N	MR	SR	N	MR	SR					
BT - 15th Day	18	9.50	171.00	0	.00	.00	12	30	-3.866	<0.016	S
15th Day - 30th Day	22	11.50	253.00	0	.00	.00	8	30	-4.456	<0.016	S
BT - 30th Day	29	15.00	435.00	0	.00	.00	1	30	-4.798	<0.016	S

MC Nemar Test

Table 7: Effect of Intervention on the assessment of *Pidaka* between various intervals

BT-15thDay					
***Pidaka* BT**	***Pidaka* 15thDay**		**N**	**P**	**Remarks**
	Present	**Absent**			
Present	29	1	30	>0.016	NS
Absent	0	0			
15th Day - 30th Day					
***Pidaka* 15th Day**	***Pidaka* 30th Day**		**N**	**P**	**Remarks**
	Present	**Absent**			
Present	22	7	30	<.016	S
Absent	0	1			
BT - 30th Day					
***Pidaka* BT**	***Pidaka* 30thDay**		**N**	**P**	**Remarks**
	Present	**Absent**			
Present	22	8	30	<.016	S
Absent	0	0			

Cocharn Q Test

Table 8: Effect of Intervention on the assessment of *Shyava Varna* between various intervals

Parameter	Value		N	Cochran's Q	P value	Remark
	Present	Absent				
Shyava Varna BT	30	0	30	2.000	P<0.05	NS
Shyava Varna 15th Day	30	0				
Shyava Varna 30th Day	29	1				

ISSN: 2456-3110 **ORIGINAL ARTICLE** November 2023

MC Nemar Test

Table 9: Effect of Intervention on the assessment of *Bahu Srava* between various intervals

BT - 15th Day					
***Bahu Srava* BT**	***Bahu Srava* 15th Day**		**N**	**P**	**Remarks**
	Present	**Absent**			
Present	23	7	30	P<.016	S
Absent	0	0			
15th Day - 30th Day					
***Bahu Srava* 15th Day**	***Bahu Srava* 30th Day**		**N**	**P**	**Remarks**
	Present	**Absent**			
Present	8	15	30	P<.016	S
Absent	0	7			
BT - 30th Day					
***Bahu Srava* BT**	***Bahu Srava* 30th Day**		**N**	**P**	**Remarks**
	Present	**Absent**			
Present	8	22	30	P<.016	S
Absent	0	0			

Table 10: Effect of Intervention on scoring of *Bahu Srava*

Parameter	Negative Ranks			Positive Ranks			Ties	Total	Z Value	P Value	Remarks
	N	MR	SR	N	MR	SR					
BT - 15th Day	15	8.00	120.00	0	.00	.00	15	30	-3.624	<0.016	S
15th Day - 30th Day	20	10.50	210.00	0	.00	.00	10	30	-4.134	<0.016	S
BT - 30th Day	26	13.50	351.00	0	.00	.00	4	30	-4.573	<0.016	S

Repeated measure ANOVA Test

Table 11: Effect of Intervention on EASI Score

Parameter (EASI)	N	Mean	Greenhouse-Geisser			Greenhouse-Geisser error Df	Remarks
			df	F Value	P Value		
BT	30	9.18	1.662	12.443	<0.05	48.194	S
15th Day		7.68					
30th Day		6.63					

Table 12: Effect of Intervention on EASI Score - Pair wise

Gross Score I	Gross Score J	Mean difference (I-J)	Std Deviation	Std. error Mean	t Value	Sig.	Remarks
BT	15th Day	1.493	3.132	.571	2.611	<.016	S
15th Day	30th Day	1.056	2.085	.380	2.776	<.016	S
BT	30th Day	2.550	3.095	.565	4.512	<.016	S

DISCUSSION

Effect on *Kandu*

Statistically significant improvement was found in *Kandu* after treatment. Mc Nemar test (P value< 0.016) showed improvements in counts at intervals of 15th day - 30th day (p.000) and BT - 30th day (p.000). *Kandu* was present in 26 subjects and was absent in 4 subjects at interval of BT - 15th day. From 15th day - 30th day interval of treatment *Kandu* was absent in 12 subjects and from BT - 30th day interval of treatment *Kandu* was absent in 16 subjects. *Navakashaya* containing *Patola, Rajani, Nimba* and *Vidangadi Lepa* containing *Sarshapa, Haridra* and *Gomutra* have *Kandughna* property.

ISSN: 2456-3110 ORIGINAL ARTICLE November 2023

Tikta Rasa is *Kaphahara* and *Rakthaprasadhana*. *Navakashaya* and *Vidangadi Lepa* possess *Tikta Rasa*, *Laghu Rooksha Guna* and *Ushna Veerya* which are opposite to the *Guru, Snigdha* and *Sheeta* properties of *Kapha Dosha*, which is responsible for Kandu.

Effect on *Pidaka*

Statistically significant improvement was found in *Pidaka* after treatment. Mc Nemar test (P value <0.016) showed improvements in count at intervals of 15th day - 30th day (p.016) and BT - 30th day (p.008). *Pidaka* was present in 29 subjects and was absent in 1 subject at interval of BT - 15th day. From 15th day - 30th day interval of treatment *Pidaka* was absent in 7 subjects and from BT - 30th day interval of treatment *Pidaka* was absent in 8 subjects. The vitiated *Pitta* when accumulates in *Twacha* and *Rakta*, it causes *Pidaka*. *Rakta* is the *Ashraya* for *Pitta Dosha. Tikta Rasa* is *Pittahara* and *Rakthaprasadhana*. *Navakashya* containing *Triphala, Rajani, Manjishta, Katuki Nimba* and *Vidangadi Lepa* containing *Haritaki, Bakuchi, Sarshapa, Karanja* and *Haridra* are *Pittahara*.

Effect on *Shyava Varna*

Statistically significant improvement was not noticed in *Shyavavarna* after treatment. The Cochran Q Test and Post hoc test with MC Nemar test showed no improvements in mean ranks of three intervals i.e., BT-15th day, 15th day-30th day and BT-30th day. But clinically there was reduction in *Shyava Varna.*

Effect on *Bahu Srava*

Statistically significant improvement was found in *Bahu Srava* after treatment. Wilcoxon signed rank test (P value<0.016) showed improvements in mean ranks at intervals of BT-15th day (p.016), 15th day-30th day (p.000) and BT-30th day (p.000). *Bahu Srava* was present in 23 subjects and was absent in 7 subjects at interval of BT-15th day. From 15th day-30th day interval of treatment *Bahu Srava* was absent in 15 subjects and from BT-30th day interval of treatment *Bahu Srava* was absent in 22 subjects. *Srava* can be due to both *Kapha* and *Pitta Dushti. Navakashaya* and *Vidangadi Lepa* containing ingredients are *Tikta Rasapradhana*, which is *Pittahara* and *Kaphahara*. Both formulations possess *Rooksha Guna*, which is opposite to the *Snigdha Guna* of *Kapha* and *Pitta Dosha* which is responsible for *Bahu Srava*.

Assessment score of Dermatitis (*Vicharchika*)

EASI Score on Head and Neck

Statistically significant improvement was not found in the erythema, papulation, Scratching and lichenification in head and neck after three intervals of treatment i.e., BT-15th day, 15th day-30th day and BT-30th day. This may because of less number of subjects having involvement of head and neck region and because of less sample size lead to statistically not significant.

EASI Score on Trunk

Statistically significant improvement was not found in the erythema, papulation, Scratching and lichenification in head and neck after three intervals of treatment i.e., BT-15th day, 15th day-30th day and BT-30th day. This may because of less number of subjects having involvement of head and neck region and because of less sample size lead to statistically not significant.

EASI Score on Upper limb

Statistically significant improvement was found in the erythema in upperlimb. Wilcoxon signed rank test (P value<0.016) showed improvements in mean ranks at intervals of BT-30th day (p.005). Statistically significant improvement was found in the papulation in upperlimb. Wilcoxon signed rank test (P value<0.016) showed improvements in mean ranks at intervals of BT-15th day (p.014), and BT-30th day (p.005). Statistically significant improvement was found in the scratching in upperlimb. Wilcoxon signed rank test (P value<0.016) showed improvements in mean ranks at intervals of BT-30th day (p.008). Statistically significant improvement was found in the lichenification in upperlimb. Wilcoxon signed rank test (P value<0.016) showed improvements in mean ranks at intervals of BT-30th day (p.008). This may because of majority number of subjects having involvement of upper limb region.

ISSN: 2456-3110 ORIGINAL ARTICLE November 2023

EASI Score on Lower limb

Statistically significant improvement was found in the erythema in lowerlimb. Wilcoxon signed rank test (P value<0.016) showed improvements in mean ranks at intervals of BT-15th day (p.014) and 15thday-30thday (p.008) and BT-30th day (p.000). Statistically significant improvement was found in the papulation in lowerlimb. Wilcoxon signed rank test (P value<0.016) showed improvements in mean ranks at intervals of BT-15th day (p.014), 15thday-30thday (p.002) and BT-30thday (p.000). Statistically significant improvement was found in the scratching in lowerlimb. Wilcoxon signed rank test (P value<0.016) showed improvements in mean ranks at intervals of BT-30th day (p.008). Statistically significant improvement was found in the lichenification in lowerlimb. Wilcoxon signed rank test (P value<0.016) showed improvements in mean ranks at intervals of 15thday-30thday (p.005) and BT-30th day (p.001). This may because of majority number of subjects having involvement of lower limb region.

EASI Score

Statistically significant improvement was found in mean score of EASI Score in BT-15th Day with mean difference (1.493, p.014, SD 3.132) 15th Day- 30thDay with mean difference (1.056, p.010, SD 2.085) and BT-30th Day with mean difference (2.55, p.000, SD 3.095). Overall, the combination of *Navakashaya* and *Vidangadi Lepa* were found to show statistically significant result in relieving symptoms like erythema, papulation, excoriation and lichenification.

Discussion on Probable mode of action of drug

This study was intended to evaluate the combined effectiveness of *Navakashaya* internally and *Vidangadi Lepa* externally in *Kushta Chikitsa*. The ingredients of *Navakashaya* and *Vidangadi Lepa* possess *Tikta Rasa, Laghu Rooksha Guna, Ushna Veerya, Katu Vipaka* and *Kushtagna* properties which are opposite to the qualities of *Kapha*.

The administration of *Haritaki* extract helps in decreasing keratinization, mast cell infiltration and inflammation related mediators.[7] *Amalaki* helps in liver detoxification and it is rich in Vitamin C. It is good for the complexion (*Varnya*). The paste obtained from *Vibhitaki* offers distinctive advantages in wound healing.[8]

Patola possess anti-inflammatory and wound healing activity. *Haridra* is also called by the name of *Vishothajita*, which means it can act as an anti-inflammatory and help in decreasing the erythema of the skin. It improves the complexion and might have helped in the *Vaivarnya* of skin. *Manjishta* root extract has been used as anti-inflammatory agent because of the presence of rubimallin. It inhibits the lipoxygense enzyme pathway, which catalyze the production of various inflammatory mediators such as leukotriens.[9] *Nimba* (*Azadirachta indica*) has a complex of various constituents including nimbin, nimbidin, nimbolide, and limonoids and such types of ingredients play role in diseases management through modulation of various genetic pathways and other activities.[10] Alcoholic extract of *Katuki* and compounds kutkin, picroside-1 and kutkoside have been reported for their anti-inflammatory and antioxidant activity.[11] *Vacha* leave extract has, characteristics of restriction of interleukin. *Bakuchi* is *Katu Tikta* in *Rasa*, *Laghu*, *Ruksha* in *Guna, Ushna Veerya* and has *Katu Vipaka*. It helps in balancing *Vata* and *Kapha*. It is *Kushtaghna, Deepana, Pachana, Anulomana*, and *Vranashodhana* by *Karma*. *Karanja* has *Katu, Tikta, Kashaya Rasa, Laghu Teekshna Guna* and *Ushna Veerya* and acts as *Kapha* and *Vata Shamaka*. It is *Kushtaghna*, *Shothahara*, and known as *Kushtajita* which means helpful in treating all types of skin disorders. Ethanol leaf extract and embelin isolated from *Vidanga* were proved good for wound healing in albino rats. *Sarshapa* balances *Vata* and *Kapha Dosha*.[12] *Gomutra Arka* is *Kushtashamaka, Kanduhara, Kaphahara* and useful in *Alepana*. *Gomutra Arka* is *Kushtahara* and *Kanduhara*. Hence, it can be concluded that *Navakashaya* and *Vidangadi Lepa* were effective in the management of *Vicharchika* (Dermatitis).

Mechanism of action of *Lepa*

Network of *Sira*, underneath the skin and their openings are attached to hair follicles which carry

ISSN: 2456-3110 **ORIGINAL ARTICLE** November 2023

sweat and replenish *Rasa* inside and outside through the *Veerya* of *Lepa*. *Dravyas* enter the body after being transformed in skin. Because of application of *Lepa*, the skin temperature increases which helps in hastening the pilosebaceous uptake and skin permeation of the drug in topical formulation. Though small amounts of chemicals may enter the body rapidly through the glands or hair follicles, they are primarily absorbed through the epidermis. Chemicals must pass through the cell layers of epidermis before entering the dermis where they can enter the blood stream and circulate to other areas of body. The stratum corneum is the outermost layer of the epidermis and the rate limiting barrier in absorption of an agent. After penetrating through the stratum corneum and into viable epidermis and dermis the molecules of the formulation produce its characteristic pharmacological response through receptors even before the blood and lymph circulations remove it. Thus, *Lepa* helps to remove the toxins.[13]

Conclusion

45 ml of *Navakashaya* internally twice daily, before food and *Vidangadi Lepa* application externally, once daily in day time with *Gomutra Arka* for a period of 30 days was effective in the management of *Vicharchika* (Dermatitis). It showed significant improvement in symptoms such as *Kandu, Pidaka* and *Bahusrava*. There was no significant improvement in *Shyava Varna*. There was a significant improvement in the EASI score. Thus, Research hypothesis was accepted.

References

1. Sharma RK, Dash B. English translation and critical exposition on Cakrapani Datta's Ayurveda Dipika on Agnivesa's Caraka Samhita, Chikitsa sthana, Kushta chikitsa: chapter 7, verse 30. Varanasi: Chowkhamba Sanskrit Series Office; 2016:326.
2. Vos T, Allen C, Arora M, Barber RM, Bhutta ZA, Brown A, et al. (GBD 2015 Disease and Injury Incidence and Prevalence Collaborators). October 2016. Global, regional and national incidence, prevalence and years lived with disability for 310 diseases and injuries, 1990-2015: a systematic analysis for the Global Burden of Disease Study 2015. Lancet. 388(10053):1545-1602.
3. Swerlick RA, Lawley TJ. Eczema, Psoriasis, Cutaneous Infections, Acne and other common skin disorders. In: Isselbacher, Wilson, Martin et.al. Harrison's principles of internal medicine. 13th ed. International publication; Mc Graw-Hill; 1994:274.
4. Sharma PV. Sanskrit Text with English Translation on Chakradatta cikitsasangraha, kushta prakarana: Chapter 90, Verse 59. Varanasi: Chaukhambha publishers; 1998:397.
5. Sharma PV. Sanskrit Text with English Translation on Chakradatta cikitsasangraha, kushta prakarana: Chapter 90, Verse 18. Varanasi: Chaukhambha publishers; 1998:391.
6. Mandalkar PS. Assessment of efficacy of vamana karma in the management of vicharchika. Panchakarma. Jamnagar; 2011.
7. Kim HJ, Song HK, Park SH, Jang S, Park KS, Song KH, Lee SK, Kim T. Terminalia chebula Retz. extract ameliorates the symptoms of atopic dermatitis by regulating anti-inflammatory factors in vivo and suppressing STAT1/3 and NF-κB signaling in vitro. Phytomedicine. 2022 Sep;104:154318. doi: 10.1016/j.phymed.2022.154318. Epub 2022 Jul 4. PMID: 35830757.
8. Deb A, Barua S. Pharmacological activities of baheda (Terminalia bellerica): A Review. Journal of Pharmacognosy and Phytochemistry. 2016;5(1):194-197:8.
9. Sadabai B. A comprehensive review on manjishta (Rubia cordifolia L.) with special reference to Ayurvedic and modern aspects. International Journal of Recent Scientific Research. 2020;Vol.11, Issue 04(A), pp.37958-37968.
10. Alzohairy MA. Therapeutic Role of Azadirachta indica (Neem) and Their Active Constituents in Diseases Prevention and Treatment. Evid Based Complement Alternat Med. 2016;2016:7382506. doi: 10.1155/2016/7382506.
11. Raina D. Katuki (Picrorhiza kurroa) - A promising Ayurvedic herb. Biomedical Journal of Scientific & Technical Research. 2021. DOI: 10.26717/BJSTR.2021.36.005805.
12. Sharma V, Gautam DNS, Radu AF, Behl T, Bungau SG, Vesa CM. Reviewing the Traditional/Modern Uses, Phytochemistry, Essential Oils/Extracts and Pharmacology of Embelia ribes Burm. Antioxidants

ISSN: 2456-3110 **ORIGINAL ARTICLE** November 2023

(Basel). 2022 Jul 13;11(7):1359. doi: 10.3390/antiox11071359. PMID: 35883850.

13. Tripathi KD. Essentials of Medical Pharmacology, Introduction, Routes of drug administration. New Delhi: Jaypee Brothers Medical Publishers (p) Ltd; 2013:6.

How to cite this article: Dija T Lawrence, Girish K J, Vasantha B, Tapas Brata Tripathy. An open label single arm clinical study to evaluate the combined effectiveness of Navakashaya and Vidangadi Lepa in Vicharchika (Dermatitis). J Ayurveda Integr Med Sci 2023;11:8-16.
http://dx.doi.org/10.21760/jaims.8.11.2

Source of Support: Nil, **Conflict of Interest:** None declared.

****