

**EFFECT OF ABHAYADI MODAKA AND TRINA TAILA IN THE  
MANAGEMENT OF VICHARCHIKA W.S.R TO ECZEMA****Siddalingesh H. Antin<sup>1\*</sup> and S. S. Kalyani<sup>2</sup>**<sup>1</sup>Final Year PG Scholar<sup>2</sup>Professor Department of PG Studies in Shalya Kayachikitsa, BVVS Ayurved Medical  
College and Hospital, Bagalkot, Karnataka.Article Received on  
08 January 2025,Revised on 28 Jan. 2025,  
Accepted on 18 Feb. 2025

DOI: 10.20959/wjpr20255-35718

**\*Corresponding Author****Dr. Siddalingesh H. Antin**Final Year PG Scholar  
Department of PG Studies in  
Shalya Kayachikitsa, BVVS  
Ayurved Medical College  
and Hospital, Bagalkot,  
Karnataka.**ABSTRACT**

Environmental pollution, mental stress and modern life styles leads to accumulation of toxins in the body and exert their effect in the form of various chronic disorders like Vicharchika which can be compared to Eczema. The chronicity is due to intake of Virudhahara (Incompatible food regimen) and Dooshi visha (Latent or denatured poisons). Hence it is the need of the hour to find out safe and effective medicine for Vicharchika and here comes the role of Ayurveda. The special treatment therapy of Ayurveda provides long lasting results by treating the disease and preventing reoccurrence. Finally gives a better quality of life. In Ayurveda, Shodhana, Shamana and Nidana parivarjana are the principle treatment for any disease. Shamana chikitsa is more preferable in the treatment of Vicharchika<sup>1</sup>.

**INTRODUCTION**

Skin diseases affect all segments of the population without ethnic variability but are more prevalent among children and in low

socioeconomic groups, essentially due to poor hygienic practices.

Different studies also suggest that skin infections are more prevalent in extreme climatic conditions.

Eczema/Atopic dermatitis (AD) is a chronic inflammatory skin disease, clinically and histologically very similar to contact dermatitis. AD can occur at any age and has a high prevalence in children. In the past years, the rising interest in this disease has been forced by

its increasing prevalence in the western societies and its contribution to the worsening of health care costs.<sup>[3]</sup>

The existing treatment in modern science for Eczema consists of reassurance, elimination of predisposing causes and palliative measures. It is also said that no specific medication can cure eczema, though few drugs give symptomatic relief only.<sup>[6]</sup> Modern dermatology employs systemic and local administration of steroids for the management of eczema.<sup>[2]</sup> Despite an initial response, maintenance therapies with small doses of systemic and topical glucocorticoids usually produce hazardous ill-effects.<sup>[8]</sup> Similarly electrotherapy, ultraviolet therapy, hydrotherapy, X-ray therapy, etc. are having their own limitations and these therapies are neither popular nor much responding.

Vicharchika is enlisted under Kshudra Kushtha in Ayurvedic classics. Hence all type of Kushtha are Tridoshaja, Vicharchika is also having Tridoshaja origin. Despite of its Tridoshaja origin various Acharya mentioned different dominancy in Vicharchika. Vicharchika has also been stated as Raktapradoshaja Vikara. Rasa, Rakta, Mamsa and Kleda are dushya of it. A similar clinical presentation in modern dermatology is seen in Eczema.

The clinical presentation of Vicharchika with symptoms like Kandu (Itching), Srava (Discharge), Pidaka (Pustules), Raji (Scratches), Ruja (Pain), Vaivarnyata (Discoloration of skin) etc<sup>9</sup>. The Eczema is the nearest clinical entity of modern science which can correlate with Vicharchika. Vicharchika shows pathology with vitiation of tridosha, it shows kapha as major vitiation.

In classics of *Ayurveda Shodhana*, *Shamana* and *Bahiparimarjana Chikitsa* explained for Kushta.

## AIMS AND OBJECTIVES

To study the efficacy of *Abhayadi Modaka* with *Trina Taila* with special reference to Eczema.

## Review of literature

Evolution is the basic nature of everything whether living or nonliving. This also applies to the science as it also evolves sequentially the chronological order of sequences present itself in the form of history.

Hence, while dealing on the disease *Vicharchika*, it is necessary to look back at the treatises of *Ayurveda* and various other classics. In various ancient texts skin diseases have been mentioned under different headings like *Kushtha*, *Twaka Roga*, *Twagamaya* and *Charma Roga* etc. The historical glimpse of the disease *Vicharchika* is present here as under-

In *atharvaveda*: The word '*Kushtha*' has been defined as "*Kutsitarupavarna*" and an *Aushadhi Dravya*, *Trivruta (Shyama)* has been described as the most effective drug in its management.<sup>[15]</sup>

Purana kala: *Acharya Vedavyasa* has written eighteen *Purana*. Among these 18 *Puranas* only *Agnipurana* and *Garudapurana* have found some references of the *Kushtha*.

### Samhita period

*Charaka samhita*: *Vicharchika* included under the *Kshudrakushtha*

**"*Sa kandu pidaka shyava bahusrava vicharchika*".**

*Acharya* have mentioned *Kandu*, *Pidaka Shyavavarna* of *Twak* and *Bahusrava* as the *Roopa* of *Vicharchika*.

*Sushruta samhita*: **"*Rajyo ati kandu atiruja sa ruksha bhavanti gatreshu vicharchikayam*"**

*Sushrutaacharya* has described the *Kushtha* under *Mahavyadhi (Ashtamahagada)* and *Vicharchika* is mentioned under *Kshudrakushtha* as well as *Kshudraroga*.<sup>[3]</sup>

*Ashtanga Sangraha and Ashtanga Hridaya*

**"*Sa kandupitika shyava lasikadhya vichachika*"**

The blackish eruptions with intense itching and watery discharge i.e *Lasikadhya* is referred as *Vicharchika*.<sup>[4,5]</sup>

*Kashyapa samhita*.<sup>[6]</sup>

**"*Shyama lohitavarna vedana srava pakavati vicharchika*"**

Blackish brown pustular eruptions with intense itching and pain are termed as *Vicharchika*.

*Bhela Samhita*<sup>[7]</sup>:

**"*Shyava rakta samuttparna praklirna sravini tatha, mamsopachita yukta vijneya sa vichachika*"**

*Acharya Bhela* has considered *Kushtha* as *Dirgha Roga*, *Grahanidoshaja Vikara* while *Vicharchika* is mentioned among *Raktavyapattija Roga*.

Harita samhita

**“Kandu vicharchi bhuvane pratita shwetani sukshmani cha patalani”**

In *Vicharchika* lesions are *Sukshma*, *Shweta* and *Kandu Yukta*.

## Aim

To study the efficacy of *Abhayadi Modaka* and *Trina taila* as external application in the management of *Vicharchika*.

## MATERIALS AND METHODS

### Materials for study

- **Source of data**

- 1) **Literary source:** The Literary data was collected from Central library as well as Kayachikitsa departmental library of BVVS Ayurved Medical College and Hospital, Bagalkot. The data also collected from journals, periodicals and other published works and even from internet source.
- 2) **Clinical source:** The diagnosed patients of *Vicharchika* were collected from OPD, IPD and Medical Camps conducted by BVVS Ayurveda Medical College and Hospital, Bagalkot.
- 3) **Drug source:** *Abhayadi Modaka* was purchased and *Trina Taila* was procured from GMP certified Pharmacy.

### Collection of materials

#### A) Drugs

1. The drug *Trina Taila* was prepared from Ayur Vikasa Research Center, Gadag.
2. The drug *Abhayadi Modaka* and *Kanchanara Guggulu* was purchased from GMP certified Zandu company.

#### B) Method of preparation

- 1) **Method of preparation of *abhayadi Modaka* and *Kanchanara guggulu*:** Prepared medicine of *Abhayadi Modaka* and *Kanchanara Guggulu* was purchased from Zandu company.
- 2) **Method of preparation of trina taila:**<sup>[8]</sup> *Trina Swarasa* -4 parts, *Kalka of Manjishta*, *Kushta*, *Haridra*, *Chakramarda*, *Aragwadha Pallava* each 1 part is added in *Tila Taila* and *Taila* is prepared as per classics.

**Selection criteria****Diagnostic criteria**

The diagnosis was made based on Classical sign & symptoms of *Vicharchika* (Eczema) such as

1. Kandu
2. Pidaka
3. Bahusrava
4. Shyavarna
5. Rukshata

**1. Inclusion criteria**

1. Diagnosed patients of Vicharchika
2. Patients between the age group of 18 to 60 of either sex

**2. Exclusion criteria**

1. Patient associated with other types of Kushta
2. Varicose Eczema

**Methods of collection of data**

Study design: Open Labelled Clinical Study.

Sample size: Total number of patients taken for the study will be 20 excluding dropouts.

**Drugs**

- 1) **Abhayadi modaka:** Haritaki, Maricha, Shunthi, Vidanga, Amalaki, Pippali, Pippali Moola, Tawak Patra, Musta, Dantimoola, Trivrit, Sharkara, Madhu.
- 2) **Trina taila:** Trina, Manjishta, Kushta, Haridra, Chakramarda, Aragwadha Pallava.

**Methodology**

Abhayadi Modaka was prepared as per Sharangadhara Gutika Kalpana and Trina Taila was prepared as mentioned in vangasena Samhita.

**Posology**

Sl. no.	Aushadhi	Matra	Sevana kala	Anupana
1	Abhayadi Modaka	250mg - 1	After food at nightfor 30 days	Sukoshna Jala
2	Trina taila	Q.S	Morning and at night	-

**Assessment criteria**

The following pattern was adopted for scoring and grading.

Sl No	Parameters	G <sub>0</sub>	G <sub>1</sub>	G <sub>2</sub>	G <sub>3</sub>
1	<i>Kandu</i>	No <i>Kandu</i>	Mild	Moderate (disturbs the work)	Severe (Disturbs the sleep)
2	<i>Pidaka</i>	No eruptions	Scanty eruptions in few lesions	Scanty eruptions in 50% of lesions	Eruptions all over the lesions
3	<i>Shyavavarna</i>	Normal skin color	Brownish red discolorations	Blackish red discolorations	Blackish discolorations
4	<i>Srava</i>	No discharge	Mild/Little moisture on the skin	Moderate/Discharge after scratching	Severe discharge
5	<i>Rukshata</i>	No dryness	Dryness with rough skin	Dryness with scaling	Dryness with cracking

**Objective parameters: Easi score<sup>[9]</sup>****Area score**

% involvement	0	1-9%	10 -29%	30 -49%	50 -69%	70 -89%	90 -100%
Region score	0	1	2	3	4	5	6

**Severity score**

Redness

G<sub>0</sub>-No redness

G<sub>1</sub>-Mild redness

G<sub>2</sub>-Moderate redness

G<sub>3</sub>-severe redness

**Thickness/Papulation**

G<sub>0</sub>-No papulations

G<sub>1</sub>-Mild papulations

G<sub>2</sub> –Moderate papulations

G<sub>3</sub> –Severe papulations

**Excoriations/Itching**

G<sub>0</sub>-No itching

G<sub>1</sub>- Itching present

**Lichenification**

G<sub>0</sub>-No lichenification

**G<sub>1</sub>**-Mild lichenification

**G<sub>2</sub>**-Moderate lichenification

**G<sub>3</sub>**-Severe lichenification

## OBSERVATIONS

Observations was according to the case proforma before, during and after treatment and clinical findings was recorded on 15<sup>th</sup> and 31<sup>st</sup> day.

## Follow-Up

After completion of the treatment patient was asked for follow-up on 40<sup>th</sup> day.

## Statistical analysis

Statistical analysis was done using Wilcoxon Signed Rank Test, Z test and Paired Sample T test.

## Incidence of chief complaints

Symptoms	Group A	
	No	%
<i>Kandu</i>	20	24.39
<i>Pidaka</i>	20	24.39
<i>Bahustrava</i>	10	12.19
<i>Shyavavarna</i>	14	17.07
<i>Rukshata</i>	18	21.95

## Grade wise assessment

### 1. Kandu

<i>Kandu</i>	Group A			
	BT		AT	
	No.	%	No.	%
Grade-0	0	0	0	0
Grade-1	0	0	0	0
Grade-2	3	15	10	50
Grade-3	17	85	10	50
Total	20	100	20	100

### 2. Pidaka

<i>Pidaka</i>	Group A			
	BT		AT	
	No.	%	No.	%
Grade-0	0	0	0	0
Grade-1	0	0	6	30
Grade-2	8	40	14	70

Grade-3	12	60	0	0
Total	20	100	20	100

### 3. Bahusrava

<i>Bahusrava</i>	Group A			
	BT		AT	
	No.	%	No.	%
Grade-0	10	50	13	65
Grade-1	3	15	5	25
Grade-2	5	25	2	10
Grade-3	2	10	0	0
Total	20	100	20	100

### 4. Shyavavarna

<i>Shyavavarna</i>	Group A			
	BT		AT	
	No.	%	No.	%
Grade-0	6	30	7	35
Grade-1	2	10	4	20
Grade-2	3	15	9	45
Grade-3	9	45	0	0
Total	20	100	20	100

### 5. Rukshata

<i>Rukshata</i>	Group A			
	BT		AT	
	No.	%	No.	%
Grade-0	2	10	3	15
Grade-1	2	10	7	35
Grade-2	3	15	10	50
Grade-3	13	65	0	0
Total	20	100	20	100

### Overall assessment of result after treatment

Criteria	No of Patients
Complete remission (Excellent)	100%
Marked Improvement (Very Good)	Above 75%
Moderate Improvement (Good)	51-75%
Mild Improvement (Average)	26-50%
No Improvement (Poor)	0-25%

### DISCUSSION ON RESULTS

1. **Kandu-** In Group A, statistical analysis on *Kandu* showed that mean score difference was 10.50 and *Kandu* improved by 50.80%. There was a statistically significant improvement with P value of 0.00. *Kandu* reduced in 20 subjects. *Abhayadi Modaka* consists of drugs



like *Shunthi*, *Maricha*, *Pippali* and *Pippali Moola* having *Katu*, *Tikta Rasa* does *Pachana* of *Ama* and acts as *Kaphahara* and *Danti*, *Trivrit* and *Haritaki* does *Vatanulomana* by its *Rechana* property reduces *Kandu*.

2. **Pidaka-** In Group A, statistical analysis on *Pidaka* showed that mean score difference was 9.00 and *Pidaka* improved by 34.61%. There was a statistically significant improvement with P value of 0.00. *Pidaka* reduced in 17 subjects. *Abhayadi Modaka* possessing *Danti*, *Trivrit* and *Haritaki* acts as *Pittahara* by its *Rechana Karma* and corrects *Dushita Rakta*.
3. **Srava-** In Group A, statistical analysis on *Srava* showed that mean score difference was 4.50 and *Srava* improved by 52.63%. There was a statistically no significant improvement with P value of 0.08. *Srava* reduced in 8 subjects. *Abhayadi Modaka* acts as *Kaphahara* by the effects of its *Ushna Veerya* drugs and by the *Rechana Property* of *Haritaki*, *Danti* and *Trivrit* it removes *Kledata* and reduces *Srava*.
4. **Shyava varna-** In Group A, statistical analysis on *Shyavavarna* showed that mean score difference was 6.0 and *Shyavavarna* improved by 35.71%. There was a statistically significant improvement with P value of 0.00. *Shyavavarna* reduced in 11 subjects. *Abhayadi Modaka* by its *Rechana* action heals the wound and brings complexion to the Skin by its *Srotoshidhana* action and reduces *Shyavavarna*. *Trina Taila* as explained in the *Samhita* possesses the property of *Varnya* and *Taila* having *Snigdha Guna* brings complexion to the skin.
5. **Rukshata-** In Group A, statistical analysis on *Rukshata* showed that mean score difference was 9.0 and *Rukshata* improved by 42.53%. There was a statistically significant improvement with P value of 0.00. *Rukshata* reduced in 17 subject. *Trina Taila* reduces the *Rukshata* by its *Snigdha Guna* and helps to maintain *Kledata* of the *Twacha* in turn reduces itching sensation in patients with *Rukshata*.

#### Probable mode of action of drugs

- **Abhayadi modaka:** The Formulation *Abhayadi Modaka* is mentioned in *Sharangadhara Samhita Virechana Adhikara*. *Maricha*, *Shunti*, *Vidanga*, *Pippali*, *Pippali Moola* are having *Katu*, *Tikta Rasa* which acts as *Deepana*, *amapachana*, *Krimighna* and *Kaphahara*. *Haritaki*, *Danti* and *Trivrit* are *Rechaka Dravyas*. By its *Rechana* property it acts as *Kledahara* and *Kandughna*. It also helps in the *Raktashodhana* by its *Rechana* property reduces *Pidaka* and *Shyavarna*. Thus, it helps in breaking the *Dosha-Dushya Sammurchana* and *Samprapti Vighatana* of *Vicharchika*.

- **Trina taila:** *Trina Taila* consists of drugs like *Manjishta*, *Kushta*, *Haridra* and *Chakramardha*. With its property of *Ushna Veerya* it subsides *Sthanika* vitiated *Kapha*. These drugs are having *Kushtaghna*, *Kandughna* and *Krimihara* action and application of *Trina Taila* does *Strotoshodhana*. Anti-inflammatory property, anti-ulcer action and anti-microbial action of *Haridra*, *Manjishta*, *Chakramarda* and *Aragwadha* having property of *Kandughna* and *Vranahara* and may help in reducing itching and healing of wound.

### Overall effect of the therapy

Out of 20 patients, 12(60%) subjects showed Mild response and 4(20%) subjects showed Moderate response, 3(15%) remained unchanged and 1(5%) showed Marked response.

### REFERENCES

1. Acharya YT. Charaka Samhita with Ayurveda Dipika commentary of Chakrapani Datta. Chikitsa Sthana. Reprint ed. Varanasi (India): Chaukambha Orientalia, 2014; P415: 7-26.
2. Virendra. N. Sehgal, Textbook of Clinical Dermatology, Chapter, 2011; 13: 5-27.
3. K. R. Shrikanthamurthy, Sushruta Samhita, Chaikambha Orientalis Varanasi edition Nidana Sthana chapter, 2000; 5: 12-496.
4. Kunte AM, Navare KS. Ashtanga Hridaya of Vagbhata with Commentary: Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri. Nidana Sthana. Reprint ed. Varanasi: Chaukhambha Sanskrit sansthan, 2014; P524: 14-8.
5. Kunte AM, Navare KS. Ashtanga Sangaraha of Vagbhata with Commentary: Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri. Nidana Sthana. Reprint ed. Varanasi: Chaukhambha Sanskrit sansthan, 2014; P517: 14-8.
6. Tewari PV. Text with English translation on Kasyapa Samhita. Chikitsa Sthana. First ed. Varanasi (India): Chaukhambha Visvabharati, 1996; 198: 9-2.
7. Krishnamurthy KH. Text with English Translation, Commentary and Critical Notes on Bhela Samhita. Chikitsa sthana. Reprint edi. Varanasi (India): Chaukhambha Visvabharati, 2008; 6: P331.
8. Dr. Rajeevkumar Roy, Vangasena Samhita, Prachya Prakashana, 2010; 510, 54: 224-225.
9. <https://dermnetnz.org/topics/easiscore#:~:text=An%20EASI%20score%20is%20a,grade%20for%20dryness%20or%20scaling>.