

ACOMPARATIVE CLINICAL EVALUATION OF THE EFFECT OF *KUSHTAGHNA MAHAKASHAYA* AND *MARICHYADI TAILA* IN THE MANAGEMENT OF *VICHARCHIKA***¹*Dr. Sharang Madaan, ²Dr. Satyadeo Pandey, M.D., PHD**¹PG Scholar, P.G. Department of *Kayachikitsa* Deshbhagat Ayurvedic College and Hospital, Mandigobindgarh, Punjab.²Prof. and HOD, P.G. Department of *Kayachikitsa* Deshbhagat Ayurvedic College and Hospital, Mandigobindgarh, Punjab.***Corresponding Author: Dr. Sharang Madaan**PG Scholar, P.G. Department of *Kayachikitsa* Deshbhagat Ayurvedic College and Hospital, Mandigobindgarh, Punjab.DOI: <https://doi.org/10.5281/zenodo.20456964>**How to cite this Article:** ¹*Dr. Sharang Madaan, ²Dr. Satyadeo Pandey, M.D., PHD. (2026). Acomparative Clinical Evaluation of The Effect of *Kushtaghna Mahakashaya* and *Marichyadi Taila* In The Management of *Vicharchika*. World Journal of Pharmaceutical and Medical Research, 12(6), 334–338.This work is licensed under [Creative Commons Attribution 4.0 International license](https://creativecommons.org/licenses/by-nc/4.0/).

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ABSTRACT

Vicharchika is a common and distressing dermatological disorder that adversely affects physical appearance, personality, and social well-being. In Ayurvedic literature, it is classified under Kshudra Kushta, Kshudra Roga, and Sadhya Kushta. Classical texts describe it as a Tridoshaja condition with predominance of Kapha and Pitta, involving Twak, Rakta, Mamsa, and Ambu. Considering Vicharchika as a Rakta-pradoshaja and Tridoshaja disorder affecting Bhaya Roga Marga, the present study evaluated the role of Shamana Chikitsa in its management. The study aimed to assess the therapeutic efficacy of oral Kushtaghna Mahakashaya and topical Marichyadi Taila in patients suffering from Vicharchika. A single-blind clinical study was conducted on 60 patients diagnosed with Vicharchika, selected randomly from the OPD of the Kayachikitsa department irrespective of age and sex. Patients fulfilling diagnostic criteria were divided into two groups. Group A received Kushtaghna Mahakashaya capsules (500 mg), two capsules twice daily after meals with warm water. Group B received the same oral regimen along with local application of Marichyadi Taila twice daily. The findings support the usefulness of Ayurvedic Shamana therapy in managing this chronic skin disorder. Further studies with larger samples, longer duration, and inclusion of Shodhana therapy are recommended for achieving sustained remission and developing standardized treatment protocols.

KEYWORDS: *Ayurveda, Eczema, Kshudra Kushta, MarichyadiTaila, Vicharchika.***INTRODUCTION**

Dermatitis, commonly known as eczema, is a highly prevalent chronic skin disorder affecting both males and females equally. It is estimated to involve nearly 10–20 percent of the global population. A higher incidence has been observed among individuals residing in urban settings and in regions with low humidity. According to the World Health Organization, more than 75 million people worldwide are affected by this condition. In both recent and earlier periods, Ayurvedic scholars across various centres have undertaken clinical studies on Vicharchika with the objective of identifying safe, effective, and economical therapeutic measures.^[1] These studies indicate that Ayurvedic interventions have shown encouraging results in alleviating key symptoms such as Kandu (itching), Rukshata (dryness), Srava (discharge),

Shyavata (discoloration), and Pidaka (eruptions). In view of these observations, the present study was planned.^[2]

AIM OF THE STUDY

Aim of the Study - To clinically evaluate and compare the therapeutic efficacy of Kushtaghna Mahakashaya administered orally and Kushtaghna Mahakashaya in combination with external application of Marichyadi Taila in the management of Vicharchika (eczema).^[3]

Objectives of the study

1. To assess the therapeutic effect of Kushtaghna Mahakashaya Yoga administered orally in patients with Vicharchika.
2. To evaluate the effect of Kushtaghna Mahakashaya Yoga administered orally along with external

application of Marichyadi Taila in Vicharchika.

- To compare the clinical efficacy of Kushtaghna Mahakashaya Yoga alone and Kushtaghna Mahakashaya Yoga combined with external application of Marichyadi Taila in the management of Vicharchika.

Charaka has elaborated Kushta in Nidana Sthana (Chapter 5) and Chikitsa Sthana (Chapter 7). Vicharchika is specifically described under Kshudra Kushta in Chikitsa Sthana, with emphasis on its clinical features and management.^[4]

The terms *Tvacha* and *Charma* are used in Ayurvedic literature to denote the skin. The word *Tvacha* is derived from the verbal root “*Tvach-Samvarane*”, which conveys the meaning of covering or enveloping the body, highlighting its protective function.

The term *Kuṣṭha* is a comprehensive expression encompassing almost all varieties of skin disorders. Etymologically, the word is derived from the verbal root “*Kuṣ-Niṣkarṣaṇe*” combined with the suffix “*Kta*”, as explained in *Śabdakalpadruma*. The root conveys meanings such as destruction, scraping, or deformity, while the suffix denotes certainty or firmness. Thus, *Kuṣṭha* implies a condition that inevitably causes destruction or deformity.^[5]

In all varieties of Kushta, the *Saptakodravya* namely Tridosha, Tvak, Rakta, Mamsa, and Lasika play a fundamental role. However, the final clinical presentation of Kushta depends largely on the predominance of a particular Dosha in its pathogenesis. Therefore, assessment of signs and symptoms helps in identifying the dominant Dosha, which in turn guides the selection of an appropriate line of treatment (Cha. Chi. 7/31–32). Conversely, each type of Kushta exhibits certain characteristic features, on the basis of which the involved Dosha can be determined and the specific variety of Kushta diagnosed.^[6]

Nidanasya Parivarjanam Nidana Parivarjana refers to avoidance of causative factors. By eliminating etiological factors, further vitiation of Doshas is prevented and disease progression is checked. Mithya Ahara–Vihara and Viruddha Ahara are the major causative factors of Kushta and should be strictly avoided. Acharya Charaka defines *Pathya* as those dietary and lifestyle measures that are congenial to the body and mind, while those producing adverse effects are considered *Apathya*.

Samshodhana - Shodhana is the therapy aimed at expelling morbid Doshas from the body. Medications administered after Shodhana are more effective. All Acharyas have given prime importance to Shodhana in Kushta due to the following reasons:

- Patients of Kushta are considered *Bahu Doshi* because of extensive Dosha vitiation.
- Kushta is a Tridoshaja disorder with *Tiryaggami*

Doshas.

- Kushta is classified as *Duschikitsya*, making its management difficult; Shodhana helps by removing the root cause and facilitating treatment.

Shamana Chikitsa - Shamana therapy plays an equally important role in the management of Kushta. After completion of Shodhana, Shamana Chikitsa is advised to pacify the residual Doshas.

External Applications

Since Kushta manifests through the skin, external therapies are also emphasized. Local applications should preferably be undertaken after internal purification through Shodhana and Raktamokshana. Various external measures such as Udvartana, Pralepa, Parisheka, and Abhyanga are advocated. In specific conditions, Kshara Karma and Agada Karma are also prescribed.^[7]

PARIBHASHA

Vicharchika is described as one of the varieties of *Aṣṭādaśa Kṣudra Kuṣṭha*, wherein the skin exhibits *Śyāva varṇa* (dark discoloration), *piḍikā* (eruptions), along with *srāva* (discharge) and *kandu* (itching). “*Sakandupiḍikāśyāvabahuṣrāvāvicharchikā*”^[2]

Srāvī Vicharchika represents the initial stage, characterized by *śyāva* or *rakta varṇa*, *piḍikā*, *kandu*, *srāva*, and *klinnatā*.

Rūkṣa Vicharchika denotes the later stage, where *rūkṣatā* and *rājīp* predominate, associated with *rujā*, *arati*, *dāha*, and persistent *kandu*.

The third section of the research work deals with the clinical evaluation of the effect of *Kushtaghna Mahakashaya* and *Marichyadi Taila* was carried out in 60 patients having classical features of *Vicharchika*. These 60 patients were subdivided into two groups of 30 patients each. The materials and methodology of present study is clearly mentioned in this part.^[8]

SOURCE OF DATA

The patients attending the OPD & IPD of Desh Bhagat Ayurved College and Hospital, Mandi Gobindgarh, Punjab were selected for research study.

METHOD OF COLLECTION OF DATA

- A clinical study of patients attending the OPD was made and patients fulfilling the criteria of diagnosis as per the patient case format were selected for the study.
- A clinical evaluation of patients was done by collection of data through information obtained by history, physical examination and laboratory tests.
- Review of literature was conducted from books, Authentic Research Journals, Websites and Digital Publications etc.
- The data which were obtained by the clinical trial was summarized and analyzed through statistical

measures.

INCLUSION CRITERIA

- Patients with classical features of *Vicharchika Kustha* viz *Kandu*, *Pidaka*, *Srava*, *Rookshata*, *Shyava* explained in texts were subjected for this study.
- Patients of any socio-economic status, both sexes and all ethnic origins.
- Patients with age group of 16-70 years.
- Patient belong to either gender was included.

EXCLUSION CRITERIA

- Age below 16 years and above 70 years.
- Patients having serious systemic disorder -cardiac, pulmonary, renal and hepatic diseases.
- Psychiatric illness, pregnant women and lactating women.

DIAGNOSTIC CRITERIA

An elaborate patient case format incorporating the points of history, physical examination and investigations was prepared. It mainly emphasized on signs and symptoms of *Vicharchika*.^[9]

LOCAL EXAMINATION

<i>Varna</i>	–	<i>Shayava</i> / <i>Krishna</i> /
<i>Rakta / Shweta</i>		
<i>Sparsha</i>	–	<i>Ruksha</i> ,
<i>Khara/Klinna/Shothabahala</i>		
<i>Srava</i>	–	<i>Tanu</i> , <i>Alpa/Raktabha</i> ,
<i>Puyabh, Prabhut/Picchilla, Shweta,</i>		
<i>Prabhuta Vedana</i>	–	<i>Supti, Shula / Daha / Kandu</i>
<i>Visharpana</i>	–	<i>Sthira/Visharpanashila</i>
No. of lesion–		1 / 2 / 3 / 4/ More than 4
Size	–cm
Shape	–	
Oval/Round/Vesicle/Nodule/Papule/Polygonal		
Location	–	<i>Ekanag/ Sarvanga</i>
Extension	–	Localised/ Generalised
Pattern		
Symmetrical/Nonsymmetrical/Spreading/Notspreading		
Distribution Area	–	Exposed area / Covered area
Border	–	Well demarked/Diffused

INVESTIGATION

- **Laboratory Investigations**–Blood sugar, Hb%, TLC, DLC, ESR examinations were done to rule out other pathological conditions.

INTERVENTION

GROUP A– *Kushtaghna Mahakashaya Yoga*

Dose– 2Cap (500mg) orally twice a day after meal with *Ushna Jala Anupana*.

GROUP B–*Kushtaghna Mahakashaya Yoga & Marichyadi Taila*

Dose–2 Cap (500mg) orally twice a day after meal with *Ushna Jala Anupana* & simultaneously *Marichyadi Taila* local application twice a day on dry skin.

Duration of study –30 Days

ASSESSMENT & FOLLOW UP: The assessment of the patients was done at the interval of 15 days and the follow up was done 1 month after completion of treatment.

Kustha is considered to arise from the simultaneous vitiation of all three *Doshas* along with impairment of the four principals *Dhatus* involved in its pathogenesis. In the *Charaka Samhita*, *Acharya Charaka* states that management should begin by addressing the most dominant *Dosha* manifestations, followed by treatment of the associated symptoms and their underlying *Doshas*.^[10] This principle is equally applicable to *Vicharchika*. Classical texts describe four cardinal features of *Vicharchika*: *Kandu* (itching), *Pidika* (eruptions), *Shyava* (dark discoloration), and *Bahu-srava* (profuse discharge).

The *Sushruta Samhita* describes the clinical presentation of *Sushka Vicharchika* (dry eczema) as characterized by severe itching, pain, and prominent linear markings on the skin. Such manifestations are attributed predominantly to aggravated *Pitta*. The *Ashtanga Hridaya* explains the nature of discharge (*Srava*) as *Lasikadhya*, and the commentator *Indu* clarifies *Lasikadhya* as *Jala-prayah*, meaning a watery exudate. Based on these descriptions, *Vicharchika* may be understood as a clinical condition in which lesions covered with dark-colored eruptions are associated with intense itching and sometimes pain, occurring anywhere on the body and presenting in either a wet or dry form.^[11]

Vicharchika is mentioned in almost all *Ayurvedic* texts under classifications such as *Kshudra Kustha*, *Kshudra Roga*, or *Sadhya Kustha*. In the *Charaka Samhita*, it is described as *Kapha*-dominant, characterized by intense itching, discoloration, eruptions, and profuse discharge, typically representing the acute stage. The *Sushruta Samhita* emphasizes *Pitta* predominance with features such as marked linings, severe itching, pain, dryness, and chronic progression. This variation suggests that different *Acharyas* may have been describing different stages or clinical patterns of the same disease.^[12]

Numerous therapeutic measures are described for the management of *Kustha* including *Vicharchika*. The fundamental principles of treatment include *Shodhana*, *Shamana*, *Vyadhihara Rasayana*, and *Bahirparimarjana Chikitsa*. Classical literature emphasizes repeated *Shodhana* where indicated. Recurrence can be minimized when all therapeutic modalities are applied systematically, aiming at complete remission.^[13]

DISCUSSION ON OBSERVATIONS

Age - Patients were distributed across all age groups: 13.33% (16–30 years), 50% (31–45 years), 30% (46–60 years), and 6.67% (61–70 years).

Gender - Males constituted 60% and females 40% of patients.

Marital Status - Most patients (91.67%) were married. As marriage commonly occurs in adulthood and the majority of participants belonged to adult age groups, this distribution reflects demographic characteristics rather than disease-specific association.

Religion-Patients belonged to different religious backgrounds. This distribution mainly reflects the regional population structure and has no etiological relevance to the disease.

DISCUSSION ON RESULTS

Nidan-This observation reveals that Ahar Hetu was found in maximum number of patients i.e.88.33% followed by Vihar Hetu in 66.67% and Manasik Hetu was present in 65% patients and Anya Hetu were present in 5% of patients of Vicharchika.

Statistical Analysis

Kandu (Itching): In Group A, the mean score reduced from 2.74 to 1.07, while in Group B it decreased from 2.50 to 0.50 after treatment. Both groups showed highly significant improvement ($P < 0.001$), indicating marked relief in itching.

Ruja (Pain): Mean pain score in Group A declined from 2.61 to 0.78 and in Group B from 2.36 to 0.50. The results were highly significant ($P < 0.001$), demonstrating substantial reduction in pain.

Daha (Burning sensation): Group A showed reduction from 2.17 to 0.70 and Group B from 2.22 to 0.48, with highly significant statistical results ($P < 0.001$), suggesting effective control of burning sensation.

Vaivarnya (Discoloration): Scores decreased from 2.09 to 0.73 in Group A and from 2.26 to 0.47 in Group B. Both group sex habited highly significant improvement ($P < 0.001$).

Srava (Discharge): Mean score reduced from 2.15 to 0.69 in Group A and from 2.25 to 0.42 in Group B, showing highly significant reduction ($P < 0.001$).

Rukshata (Dryness/Roughness): Group A improved from 2.00 to 0.62 and Group B from 2.14 to 0.38, both demonstrating highly significant results ($P < 0.001$).

Raji (Skin thickening): Scores fell from 2.25 to 0.83 in Group A (significant, $P < 0.01$) and from 2.55 to 0.64 in Group B (highly significant, $P < 0.001$), indicating improvement in lichenification.

Pidika (Eruption): Group A showed reduction from 2.18 to 1.00 ($P < 0.01$), whereas Group B reduced from 2.19 to 0.50 ($P < 0.001$), reflecting better response in Group B.

Number of lesions: Mean score declined from 1.73 to 0.70 in Group A and from 1.77 to 0.20 in Group B, both statistically significant, with stronger improvement in Group B.

Size of lesions: Group A reduced from 2.37 to 1.40 ($P < 0.01$) and Group B from 2.43 to 0.47 ($P < 0.001$), indicating significant reduction in lesion size, again more pronounced in Group B.

Overall interpretation: Both treatment groups produced statistically significant improvement in all major clinical features of Vicharchika, with comparatively greater symptomatic relief observed in Group B across most parameters.

Effect of treatment on Investigation - The total effect of therapy on investigations of each patient was evaluated before and after completion of the treatment. In both the groups the initial mean score of Hb%, Neutrophil, Eosinophil was slightly increased while in TLC, Lymphocytes, Monocytes and ESR the mean score was slightly decreased. The total effect of treatment provided improvement in the investigations.^[14]

Overall effect of treatment - Group A provided marked relief in 13.33% of the patients, 76.67% of the patients were showed moderate response and 10% of the patient was showed mild improvement after completion of treatment. Group B provided marked relief in 63.33% of the patients and 36.67% of the patients were showed moderate response. No patient got complete remission in both the groups. No patient was found unchanged/no response in both the groups.

Probable Mode of Action of Kushtaghna Mahakashayain Vicharchika

Vicharchika is a chronic Kshudra Kushta predominantly involving Kapha and Pitta along with Rakta dushti, Kleda accumulation, and impairment of Twak with Rasa-Rakta dhatu. Clinically it manifests with itching, discharge, discoloration, eruptions, dryness or excessive moisture, and persistent inflammation.

Kushtaghna Mahakashaya acts at multiple levels in breaking this pathogenesis. The predominance of Tikta and Kashaya rasa with Laghu and Ruksha guna helps reduce Kapha-induced Kleda, discharge, and skin thickening. Ushna-veerya drugs improve tissue metabolism and control chronic inflammatory activity, while sheeta-veerya components soothe aggravated Pitta responsible for burning, redness, and discoloration.^[15]

Limitations of the study - The study was conducted on a limited sample size and for a relatively short duration of 30 days, which may not be sufficient for complete remission in a chronic and relapsing disorder like Vicharchika. Only Shamana therapy was evaluated, while classical management emphasizes the role of Shodhana procedures in Bahu-dosha conditions. Long-term follow-

up to assess recurrence was also not undertaken. Additionally, objective laboratory or histopathological parameters were limited, and assessment relied mainly on clinical features.

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