

**“A CLINICAL STUDY TO ASSESS EFFICACY OF VISHAVILWADI GULIKA IN
DUSHIVISHA JANYA VICHARCHIKA”****Dr. Krishna Singh***

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INTRODUCTION

While carefully recording the past-history, lifestyle, food habits etc. of vicharchika patients, it was found that they presented the chance of affliction by Dushivisha (slow acting latent poison). The investigator was with an impression that Vicharchika (eczema) cases with dushivisha (slow acting latent poison) as the causative factor may not get a proper response by medicines until and unless a vishaghna (antitoxic) drug is also administered. Based on this idea and in the light of above facts, Vishvilwadigulika was selected for the study.

AIMS AND OBJECTIVES

- To evaluate the efficacy of Vishavilwadi gulika in Dushivishajanya Vicharchika.
- To collect the literary review of drugs.

Study design: It includes literary and clinical study.**MATERIALS**

- Ingredients of Vishavilwadi gulika.
- Patients suffering from Dushivishajanya Vicharchika.

Collection of drugs: The entire drug except goat's urine was purchased from the market. Goat's urine was collected personally. The drugs were properly identified with the help of Pharmacognosy department of Poojappura, Thiruvananthapuram, Kerala.

Except goat's urine, all the sixteen drugs were taken in equal quantities and proportion was identified by the pharmacognostical methods with the help of Pharmacognosy department, Poojappura, Thiruvananthapuram, Kerala

**Fig. 1: Vishavilwadi gulika.**

Procedure of drug preparation: Properly cleaned and dried drugs were finely powdered by using a micropulveriser, and filtered with a double layered clean cloth. They were grinded with the help of a self motorised khalwa assembly, by adding freshly collected goat's urine for the period of seven days with a minimum of 12-14 hrs/day. When this combination attained state of Susookshmam pishta (i.e. as fine as anjana) at the end of the seventh day, gulika of 3 gm (average weight) were prepared and dried in shade. Afterwards, gulikas were packed in separate clean bottles. The prepared gulikas were brownish black in colour, amla, kashaya, and katu rasas in taste with the smell of goat's urine.

Selection of the patients: The work was conducted on 20 patients selected from out-patient and in-patient departments of Agadatantra, Poojappura, Thiruvananthapuram, Kerala and Government Ayurveda College Hospital, Thiruvananthapuram.

The diagnosis was done on the basis of careful history taking, presenting complaints, thorough skin examination and judicious use of laboratory. Patients were selected randomly.

Inclusion criteria

- Patients having history of dushivisha role in the manifestation of the vicharchika were included.
- Age limit was 12 - 65 years.
- No discrimination of sex was done.

Exclusion criteria

- Patients having history of diabetes, chronic asthma, steroidal treatment, any systemic diseases or any congenital disorders were excluded.

- Patients having vicharchika, but not having history of dushivisha were not be accepted

Administration and Dosage of the drug: The randomly selected patients were allocated into the following two groups and managed accordingly.

Table 1: Administration and Dosage of the drug.

Sl. No.		Study group	Control group
1.	Sample size	10	10
2.	Drug	Vishavilwadi gulika	Patoladi kwatha
3.	Dose	2 gulikas, bid	90ml., bid
4.	Mode of Administration	Internally	Internally
5.	Anupana	Luke warm water	-
6.	Duration	Forty-five days	Forty-five days

Follow up: It was of two weeks. During this period no medicine was given to the patients. The patients were kept under strict pathya ahara and vihara during the period of study.

Prior to the administration of research drug a single dosage of 20 gm Avipati choorna was given to all the patients for sodhana.

Collection of data: The clinical proforma was designed in consultation with subject experts.

All the patients were subjected to careful interrogation for collecting data on Presenting complaints, History of Dushivisha, Aggravating factors of Dushivisha, Systemic examination (skin), Haematological examination and Urine examination.

Gradation was done for Dushivisha and all clinical parameters decided on the basis of classical references for vicharchika.

Gradation of Dushivisha: History of Dushivisha was divided into five groups. They are:
History of jangama visha, sthava visha, allopathic drugs, viruddhahara, and occupational contacts.

Again, these five groups were subdivided into following:

- Jangama visha was divided into four subgroups as sarpa, keeta, luta and vrischika
- sthava visha into three
- allopathic drugs into five
- viruddhahara into four and
- Occupational contacts into thirteen.

Grade I was given to the patient with any one of the above mentioned history, **Grade II** for any two, **grade III** for any three and **grade IV** for more than three such history. Patients were reviewed and assessed as per the grading.

The data were collected before and after the treatment. The finally collected data were divided into four sections for convenience.

Duration of study: 18 months

Assessment of response:

Clinical Assessment: The lakshanas of Vicharchika i.e. kandu, pidaka, varna, lasika and vedana were graded into nil, mild, moderate and severe type. The changes were recorded before and after treatment.

Table 2: Grading of the Lakshanas.

Sl. No.	Lakshana	Nil	Mild	Moderate	Severe
1.	Kandu	Absent	Intermittent	Continuous without disturbance of sleep	Continuous with disturbance of sleep
2.	Pidaka	Absent	<15	15-30	>30
3.	Varna	Normal skin colour	Slight discolouration from skin colour	Syava	Krishna
4.	Lasika	No srava	Watery	Purulent	Bloody
5.	Vedana	Absent	Intermittent	Continuous without increase while walking	Continuous and which increases while walking

Haematological Assessment: Change in Hb%, TLC, DLC, ESR was recorded before and after treatment.

Observation and Analysis: The method of converting raw data into meaningful statements includes data processing, data analysis, and data interpretation and presentation. The data were analysed after entering into

the master sheet. Statistical deviations etc. were calculated to draw conclusions. Percentage, mean, mean difference etc. were computed. In order to test the hypothesis, the 'paired t test' was applied and p-value was found. Diagrams and charts were drawn wherever necessary to signify the important findings.

The results obtained were grouped into four sections:

Section A: Socio-demographic data.

Section B: Data related to Presenting complaints.

Section C: Data related to History of dushivisha, Aggravating factors of dushivisha and Personal history.

Section D: Data related to response to treatments.

Discussion: Vicharchika is a kapha predominant type of kshudrakushta. It also comes under sadhya type of kushta. But, the present scenario confirms that it is not easily curable. Relapses are quite common in this disease. In this study, the main aim was to evaluate the efficacy of Vishavilwadi gulika in Dushivishajanya Vicharchika. Dushivisha is a less potent, slow acting poison and stays in the body for a longer period and gets aggravated by dushita desha, kala, anna etc. So, it has relapsing tendency. Vicharchika which is caused by dushivisha may also have relapsing tendency. This relapsing tendency is still a big challenge to overcome by the physicians.

Careful history taking of the Vicharchika patients in whom relapsing tendency were seen, presented the chance of affliction by dushivisha. So, to treat Dushivishajanya Vicharchika, the investigator applied the treatment principle of dushivisha and use of vishavilwadi gulika which is used in snake bite. The basic idea was that if vishavilwadi gulika is used in snake bite, it can also be used in the management of dushivisha which is a less potent, slow acting poison.

Vishavilwadi gulika contains sixteen drugs which are processed with goat's urine. It contains three more drugs in addition to that of Vilwadi gulika. The additional drugs are Nilini, Patha and Isvari. Vishavilwadi gulika is predominantly tikta and katu in rasa, laghu and rooksha in guna, ushna in virya with kapha-vatahara property. It is vishaghna also. On the basis of the above facts it was presumed that this drug will be effective to cure Dushivishajanya Vicharchika. Dushivisha is a transformed stage of sthavara, jangama and garavisha which becomes less potent, slow acting and has tendency to stay in the body for a longer period. Allergic reactions, Autoimmunity, Cumulative toxicity, Delayed toxicity, Drug interaction, Intolerance, Carcinogens, Free radical etc. are different concepts of modern science which can explain few aspects of dushivisha. Even heavy metal poisoning is same as that of dushivisha. Dushivisha produces many diseases and kushta is one among those diseases. When it gets lodged into amasaya, it causes Kaphavata disorders. Hence, it can be said that Dushivishajanya Vicharchika is amashayastha disease because vicharchika is a kapha predominant disorders.

Prior to the administration of research drug a single dosage of 20gm. Avipati choorna was given to the patients of both the group. The purgative action of avipati choorna helps to let out the vitiated doshas accumulated in koshta. The agnivardhana property will fix the problem of agnimandya which is always

associated with dushivisha. Moreover, the specific indication of avipati choorna in 'sarva visha' will create a very favourable environment supporting the action of vishavilwadi.

Patients were reviewed and assessed by clinical parameters and laboratory investigations. The collected data were subjected to statistical analysis for drawing out the result.

According to management principle of dushivisha, first swedana and then urdhava-adha sodhana should be done but, snehana is not mentioned. It may be because that in dushivisha stage doshas are already in utklista avastha and so snehana is not required. Only swedana is enough to bring sakhagata doshas to koshta, which can be ultimately removed from the body.

Swedana was not given to the patients in this study because this study was performed with an intention to assess the efficacy of Vishavilwadi gulika. Hence, this study was designed as simple as possible without losing the sanctity of ethical considerations.

Kandu, pidaka, syava, lasika, vedana, bhinnapuresha, bhinnavarna, dushtasrtha, thrisha, arochaka and gadagada-vak were taken as clinical features. Out of these, Kandru, pidaka, syava, lasika and vedana were selected for clinical assessment. Data collected on presenting complaints of the disease indicates that all patients had kandru, pidaka and syava. In the modern science also, itch is considered as one of the main clinical features. Moreover, eczema literally means 'boil out' which indicates the presence of pidaka. So, it supports our findings. Lasika was present in 80% of the patients of study group and 90% in control group, while vedana was present in 80% and 50% of the patients of study group and control group respectively.

None of the patients were having bhinnapuresha, bhinnavarna, thrisha and gadagada-vak. Dushtasrtha and arochaka were seen in few patients.

The history of dushivisha was divided into five groups:-

- History of janagama visha
- History of sthavara visha
- History of allopathic drug intake
- History of viruddhahara
- History of occupational contacts.

All the patients had history of viruddhahara while 55% had history of occupational contact. Only 10% patients had history of jangama visha and 20% patients had history of allopathic drugs intake. None of the patients had history of sthavara visha. All these indicate that changed food habits as one of the main causes of the diseases as mentioned in Ayurveda. Less incidences of jangama visha may be because of fast depleting forest area.

According to the grading of dushivisha, 50% of the patients fell into grade III.

Conclusively, it can be said that both the drugs were equally effective on kandu, pidaka and lasika; while study drug was more effective than standard drug on syava and vedana variable. During study it was noticed that none of the patients reported any kind of side effects or toxic effects. Moreover, the drug was cost effective and easily administrable.

The study result, thus, accepts alternate hypothesis that Vishavilwadi gulika is effective in the treatment of Dushivishajanya Vicharchika and there is difference in efficacies between Vishavilwadi gulika and Patoladi kwatha. So, it discards null hypothesis. Thus, hypothetical conclusion is justified.

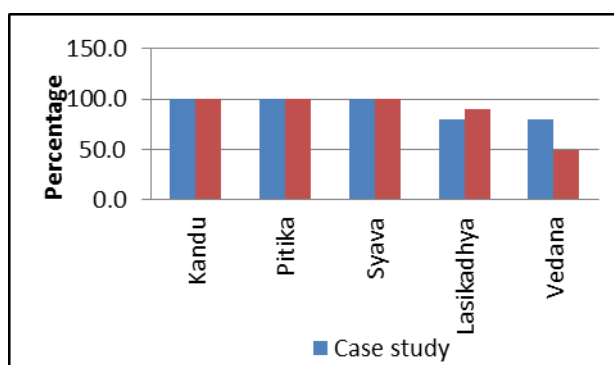
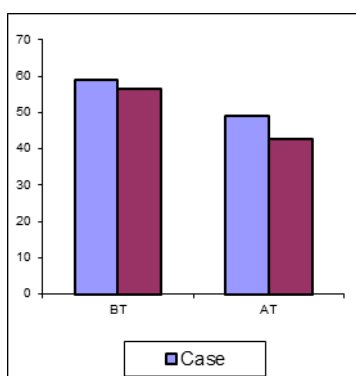
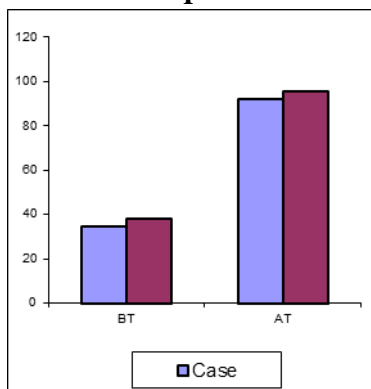


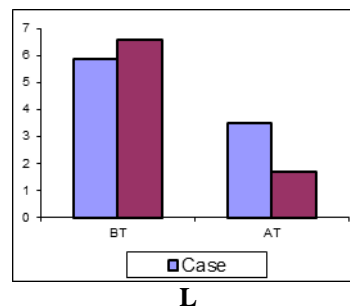
Fig. 3.1: Percentage distribution of sample according to presenting complaints.



P



E



L

Fig. 3.2(P,E,L): Effectiveness on DC under different treatment.

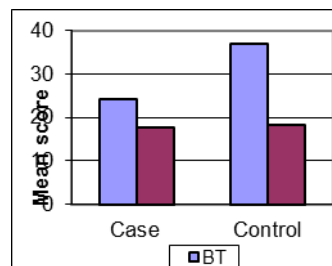


Fig. 3.3: Effectiveness on ESR under different treatment.

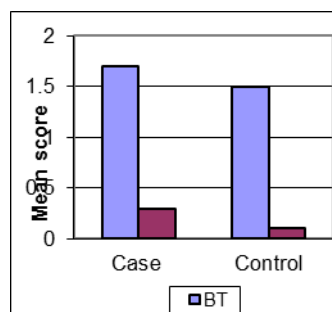


Fig. 3.4: Effectiveness on Pidaka under different treatment.

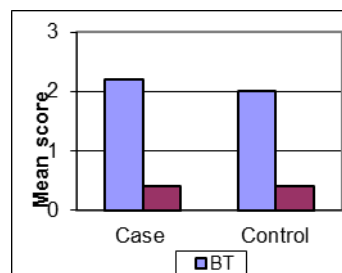


Fig. 3.5: Effectiveness on Kandau under different treatment.

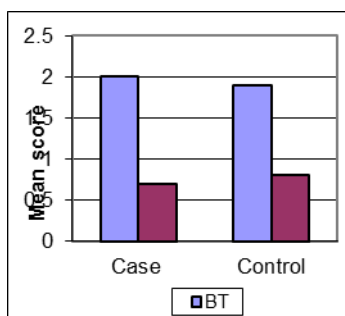


Fig. 3.6: Effectiveness on Syava under different treatment.

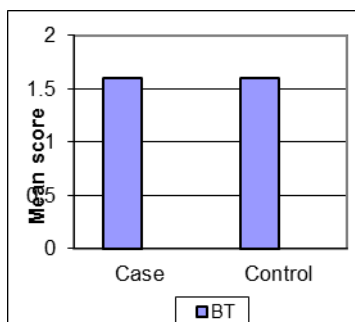


Fig. 3.7: Effectiveness on Lasikadhya under different treatment.

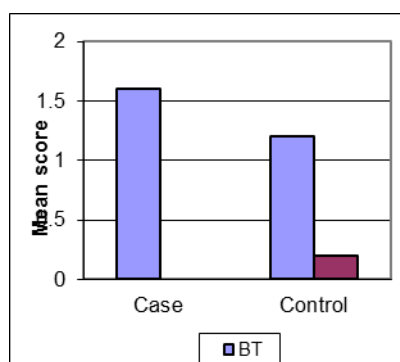


Fig. 3.8: Effectiveness on Vedana under different treatment.

CONCLUSION

- Kandu, pidaka, syava and lasika were seen in majority of the patients. Study drug was effective on kandu, pidaka and lasika equally as that of standard drug, but was found to be comparatively more effective on syava and vedana than standard drug. Positive response to these signs and symptoms reflect the kaphavataghna property of the drug.
- Viruddhahara is one of the major causes of dushivisha. Second is the occupational contact. It means, prevention from many diseases can be done at nidana level, i.e. Nidana parivarjana..
- Pathyapathya seems to play an important role in curing of this disease. So, along with treatment it should be given proper weightage.
- No side effects were noticed during study period.
- Drug is cost effective

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