

**“CLINICAL EVALUATION OF  
CHAKRAMARDA (Cassia tora) OINTMENT  
IN VICHARCHIKA”**

Dissertation of  
M. Phil (Ayurved)

Submitted by  
**VD. MAHESH MADHUSUDAN THAKUR**  
B.A.M.S.

Guide  
**VD. NITIN M. KAMAT**  
M.D. (Ayu.)

Honorary Physician and Ex-Principal  
AyurvedMahavidyalaya, Sion, Mumbai

Faculty of Ayurved  
Tilak Maharashtra Vidyapeeth, Pune-37  
Year 2013-14

# CERTIFICATE

This is to certify that the dissertation entitled.

**“CLINICAL EVALUATION OF CHAKRAMARDA (Cassia tora)  
OINTMENT IN VICHARCHIKA”**

which is being submitted herewith for the award of the Master of Philosophy (M. Phil.) in Ayurveda of Tilak Maharashtra Vidyapeeth, Pune is the result of original research work completed by Mr. Vd. Mahesh madhusudan Thakur under my supervision and guidance. To the best of my knowledge and belief the work incorporated in this dissertation has not formed the basis for the award of any Degree or similar title of this or any other University or examining body upon him.

**Dr. Nitin M. Kamat**

M.D. (Ayu.)

Honorary Physician and Ex-Principal

Ayurved Mahavidyalaya, Sion, Mumbai

Place:

Date:

## FORM 'A'

This is to declare that the dissertation entitled.

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any Degree or other similar title upon me of this or any other Vidyapeeth

or

examining Body.

Research Student : **Vd. Mahesh Madhusudan Thakur**

Palce:

Date:

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## INTRODUCTION

Ayurveda is a *shashvata* one which has no end medical science which is prepared for good will of human being. It is shashvata due to three factors 'Anadi', 'Swabhavsansiddhalakshana' and 'Bhavaswabhavnityatva'. Though the thousands of years Ayurveda has continued to exist its laws of nature which externally true.<sup>(1)</sup>

For achieving 'Dharma', 'Artha' and 'Sukh' one should believe and respect Ayurveda.

Ayurveda is not just a medicinal approach to health. Rather it is complete philosophy of Life. In fact it is view of life, which understands that non medicinal components of our lives – our consciousness, mind, thoughts and emotions animate and direct our more physical parts. Based on this perspective, Ayurveda defines 'ayu' or life is the intelligent coordination of the four parts *atma*, *mana*, *indriya* and *shareer*, with totality of life, our science focuses on maintaining a balanced, integrated relationship among them. Imbalance, whether physical, mental or emotional arises when there is a disconnection between, subjective (non-physical) and objective (physical) areas of life.

Traditional medicine is sum of total knowledge, skills and practices based on theories, principals and experiences indigenous to different culture which are used in maintenance of health as well as in prevention, diagnosis and treatment of physical and mental illness. It is an ancient science came into existence with two major noble causes. One is maintenance of 'Swasthya' that is state of wellbeing. The other one is to cure diseases occurring in the human body.

Ayurveda's knowledge of diseases process differs fundamentally from the concepts held by western medicine. Ayurveda recognizes three causes of diseases, 'Pragyaparadha' (Mistake of Intellect), 'Asatmyaindriyarthasanyog' (Misuse of Senses) and 'parinaam' (Effect of Seasons). All three above factors generate discord between Panchamahabhutas governing physiology of nature and the doshas governing our individual physiology when the rhythms of individual life do not align with the cycle of nature, stress, weak digestion and doshik imbalance inevitably results.

Once the imbalance in doshik functioning occurs, pressure is put upon the primary *agni* in the digestive tract as well as *agni* in each of dhatus. This results in 'ama' formation and inadequate or defective nutrition reaching the dhatus when dhatus become toxic and malnourished disease manifestation occurs. There are numerous other diseases which are not curable by other systems of medicines and hence are finding ways and getting results in Ayurveda.

One of such disease is Kushtha. It is one of the 'Mahagada' defined by Ayurveda which is caused due to vitiation of 7 body elements i.e. three doshas, four dushyas viz. Skin (Twak), Rakta, Mansa and Ambu. Skin is the largest organ of body and supposed to be mirror image of body. It reflects physical, mental and physiological state of an individual. Skin not only covers and protects the body but also performs some function of excretion and metabolism. Out of 18 types of Kushtha explained in Ayurveda 7 are Mahakushtha and 11 are Kshudrakushtha. Vicharchika is a type of Kshudrakushtha which is found widely. Vicharchika is seen frequently in practice. Patients belonging to all the socioeconomic classes of the society are seen suffering from this disease. Patient keeps on trying solution for Vicharchika with very poor results. It is the moral responsibility of an Ayurvedic Scholar to search for an ideal remedy from the Ayurvedic treasure of therapeutics, **Malahar Kalpana** part of it. In Rasatarangini 16 different types of Malaharas are mentioned. Keeping this fact in mind the present topic of research is selected. Local application of Chakramarda Ointment is planned. Today many ointments and creams available in the market are enough expensive and still not able to give permanent cure. **Chakramarda** is mentioned in the Dhanvantari Nighantu as '**Dadrukanduhar**' and also in the practice of many experienced Vaidyas for local application and also for internal use. Till today Chakramarda Ointment is never used before in research involving Vicharchika hence it was specifically chosen to test its Kushthaghna property in the management of Vicharchika.

**AIM AND OBJECTIVE**

**Aim :**

To evaluate the therapeutic use of Chakramarda (Cassia tora) Ointment in Vicharchika

**Objective :**

To study the observations of response in signs and symptoms in Vicharchika after applying Chakaramarda Ointment.



**REVIEW OF LITERATURE**

## **REVIEW OF LITERATURE**

Review of literature is presented in four sub parts given as follows:

- 1) Historical Review.
- 2) Ayurvedic Review of Skin
- 3) Ayurvedic Review of Vicharchika
- 4) Modern Review

## **HISTORICAL REVIEW**

History of any science is a cluster of facts and it helps to provide the guidelines about our present and future path. So profound knowledge of the historical events can help us to correlate between today's and ancient or Ayurveda texts and modern medical text with the help of scientific parameters.

Skin is an outermost cover of the body, plays a chief role in maintaining barrier between internal and external environment. The healthy skin is the primary requirement for the beauty. Unfortunately, since the time immemorial human is being afflicted with skin diseases as a form of blemishes of skin and it had been mentioned in various ancient texts under different heading like Kushtha, Tvaka Roga etc. Vicharchika is a type of Kushtha, so history of Kushtha as general and especially history of Vicharchika is described here.

### **VEDIC PERIOD (6000-4000 BC)**

Vedas are considered as the oldest record of religion and literature of the world. Out of which Rigveda is considered to be the first source of Ayurveda. The word does not appear as such in vedic literature but certain references related to the skin are traceable.

#### **Rigveda:**

Rigveda identified this disease with characteristic features Vivarnata and Romashatana (Rigveda 8:9:1-16).

There is no any scientific explanation regarding the Kushtha but some historical events are described here. The charma Roga of Spala was cured by Lord Indra. Kilasa, Palitya, Shvitra are mentioned. Some characteristic features like Vaivarnyata and Lomahara are described.

#### **Yajurveda :**

Various medicines having the capacity of curing kushtha have been mentioned and their virtues are praised. (Yajurveda 1-23, 1-4, 1-24, 8-10)

### **Atharvaveda :**

Some new terms for skin disorder are described as pama,vidradhi, apachi,gandamala etc.( AtharvavedaS7/74)

In context of treatment some herbs like shyama, nill, rama, krishna, asuri are also described.(AtharvavedaS1/23)

## **PURANA**

### **Agnipurana:**

In it kushthaghna preparation like use of khadira as internal medicine and haratala and manashila as external medicine are mentioned under the heading of ‘nanarogahara aushadhi.(Agnipurana 120/3)

### **Garudapurana:**

Causative factors of kushtha are described under the chapter of karmavipaka along with its management.(Garudapurana 175-176,194-198)

### **Manu Smruti :**

Marriage among the family with certain diseases like kushtha, rajayakshma have been forbidden which states that the author was aware of its hereditary tendency.

### **Mahabharata :**

At that time the person suffering from ‘tvaka dosha’ is misfit to be a king, which indicates that person suffering from kushtha were looked down by the society.

## AYURVEDIC LITERATURE

### **Samhitakala:**

#### **Charaka Samhita:**

As Acharya Charaka has described 18 types of kushtha, among them 7 are mahakushtha and 11 are Kshudrakushtha. Vicharchikais coming under the Chikitsasthana available in 7<sup>th</sup> chapter of chikitsa sthana.<sup>(2)</sup>

Means vaivarnya, pidaka associated with kandu and excess of srava termed as Vicharchika.

#### **Sushruta Samhita:**

Acharya Sushrutahas been described kushtha as aanuvamshikakrumija disease and also mentioned nidana separately in the etiogenesis of kushtha.(Shshruta Samhita 5/27-6)

Explanation regarding dhatugatava of kushtha was also placed by Sushruta first time.(Shshruta Samhita 5/21-26)

Kushtha has been stated as aupasargikaroga.(Su.Ni.5/32)

Acharya Sushrutamentioned separate chapter under the heading of kushtha and mahakushtha and also mentioned rasayana drugs likeshilajita, bakuchi etc. in the kushtha Chikitsa.(Su. Chi. 9,10)

He has listed the Vicharchika under the heading of kushthaas well as a Kshudraroga.<sup>(3)</sup>

Vicharchikais characterized by excessive pain and itching and causes extremely dry, cracked like marks on the body.

#### **Ashtanga Samgraha:**

Kushtha has been mentioned as seven types depending on the doshainvolvement and has been defined as kapha pradhana kushtha. Sarshapa tailais used for external application in Vicharchika.<sup>(4)</sup>

### **Ashtang Hrudaya:**

He has mentioned kushtha under the kushtha shvitakrumi nidana where 7 types of kushtha have been mentioned depending upon the doshainvolvement.<sup>(5)</sup>

### **KashyapaSamhita :**

18 types of kushtha has been described under the heading of sadhya and asadhya . Vicharchikais mentioned under sadhya type of kushtha, raktajanya vikara. If tvaka ashrita udaka is vitiated, it may cause Vicharchika.<sup>(6)</sup>

### **Bhela Samhita:**

Acharya Bhela has considered kushtha as dirgha roga and polluted water has been described as etiological factors of kushtha.<sup>(7)</sup>

### **Harita Samhita:**

Kushtha has been described in trutiya sthana of harita Samhita. Vicharchika has a multiple pinhead sized eruption with ulceration and itching.<sup>(8)</sup>

### **Madhava Nidana :**

18 types of kushtha have been described as per the description of Charaka Samhita. According to Acharya Madhava Vicharchikais vata-pitta dominant disease but description of its symptomatology has been given as per Charaka Samhita.<sup>(9)</sup>

### **Cakradatta :**

Treatment of kushtha, vatottara, pitottara, kaphottara, pamahas been mentioned. (Cha Chha Datta 50 Va 93-131)

### **Sharangadhara Samhita:**

Acharya Sharangadhara has given varieties of **Kushtha** in the text. In the context of madhyama and uttarakhanda certain preparation for the treatment of kushthaghna lepa especially useful in the management of Vicharchika are mentioned. (Sha.San.Pu.Khan.7/84-87)

### **Vangasena :**

Certain causes of kushtha including kulattha, valmika roga etc have been mentioned.

### **Bhavaprakasha :**

The arishta lakshana of kushtha has been described same as asadhya lakshana of kushtha in Sushruta samhita. He has mentioned Vicharchika having samelakshana mentioned by Acharya Charaka. (Bha. Pra.54/44)

### **Yogaratanakara :**

Kacchu, Raksha and Shvitra have been added to the eleven varieties of Kshudrakushtha of Charaka Samhita.

### **Bhaishajya Ratnavali :**

Treatment of kushtha has been mentioned in kushtharoga Chikitsa prakarana No.54 with its pathyapathya . Certain combinations to be used internally as well as externally for the management of kushtha as well as specially for Vicharchika.

**REVIEW OF PREVIOUS RESEARCH WORK DONE  
AT VARIOUS INSTITUTES**

**JAMNAGAR :**

1. Singh K.P. – tvak roga paricharya Vicharchika vishesha adhyayana 1964.
2. Zope A.B. - dadru evam, Vicharchika per cakramarda beeja curna prayoga 1978.
3. Jha Shivram – Fundamental studies on Vicharchika 1988.
4. Dabhi.V.D. – Role of virechanaand rasayana in the management of Vicharchika1993.
5. Sudha K Nakum – A comparative clinical study of Vicharchika with shaman and shodhan therapy 2003.
6. Mandip Kaur – A clinical trial of shirishadi decoction & local application of snuhyadi lepa in Vicharchika kustha. 2009

**B.H.U. :**

1. Singh I.D. – Dermatology in bruhatatrayi with special reference to eczema 1978.
2. Maurya O.N. – Studies on eczema with two Ayurvedic drugs 1986.
3. Mamgain R.K. – Clinical studies on Vicharchika and its management with pamcanimbadi and durvadya ghruta 1990.

**AHMEDABAD :**

1. Tahelramani A.S. –Vicharchika mein jalaukavacharana evam shaman1986.
2. Mishra K.R. – Role of Shodhan with Shaman Chikitsa in the management of Vicharchika 1994.

**JAIPUR :**

1. Ashok Kumar –Vicharchika mein mahakhadira ghruta ki karmukata 1989.
2. Pareeka R.G. - nimbadi churna ka kalpanabheda se Vicharchikaroga per adhyayana 1992.



3. Manoj Kumar Sharma – The efficacy of jalaukavacharana and laghu manjishthadi kvatha w.s.r. to Vicharchika 2002.

### **HYDERABAD:**

1. Dhanraj C.B.- A clinical study of gamdhaka rasayana and tuvaraka on pamawith reference to eczema 1987.
2. Laxmaiah P – The effect of amrutadiyoga on tvaka roga 1991.

### **MYSORE:**

1. Satya murthy – Effect of jalaukavacharana in Kshudrakushtha with special reference to Vicharchika- 1982.
2. A comparative clinical study on Vicharchika VIS-À-VIS Allergic contact dermatitis. 2012

### **NAGPUR:**

1. Yellarwar Purinima –Vicharchikavyadi mein jalauka se raktamokshana ek Adhyayana.
2. Vedodakar Subhash – murcchita evam amurcchita arka taila ka Vicharchika par tulanatmaka adhyayana 1998.
3. Sarma D.K. - sarivaka Vicharchikapar karmukatva ek adhyayana 1997.

### **PUNE:**

1. Lonandkar A.S.-A study of utility of darvi ( Berberis Aristata) in Vicharchika.
2. Parushuram S.P. - Vicharchika vyadhihara nimbadi curnaka upayoga 1994.
3. Bedekar B.R. – Efficacy of tablet thiostemine in Vicharchika1995.

## AYURVEDIC REVIEW OF SKIN

In Ayurvedavyadhi adhishtana and its relation with dosha, dhatu, mala, agni and strotasa are important for Chikitsa. Vicharchika is a disease of skin and so to understand the total etiopathogenesis of disease normal structure of skin should be considered.

### Definition:-

One of the indriyadhishtana which completely covers meda, Shonita and all other dhatu of the body and gets spread all over the body. It is considered as the seat of sparshanendriya as well as one among the main seat of vata .

The Indian systems of knowledge undoubtedly say, <sup>(10)</sup>

This can be done in four ways of skin.

### 1. VYUTPATTI

Word tvaka is derived from the root **tvaka samvarane** that is to cover. <sup>(11)</sup>

### 2. NIRUKTI<sup>(12)</sup>

- a) The organ which covers the entire body is called **tvaka**. <sup>(13)</sup>
- b) This statement indicates tvaka is considered as that the coat of sparshanendriya as well as one among the main seat of vata. <sup>(14)</sup>
- c) This establishes direct contact of tvaka with mind.

### 3. PARYAYA :

There are number of synonyms of skin.

A) Karma

(Kara) to go, to move this term indicates.

-Nature of moving –going that is the tendency of going with life.

-The process of going is also suggestive of a nature of dying fast and fast regeneration.

-Movement indicates special nature and function of organ of touch.

B) Sparshadhishtanam

It is seat of organ of touch. It indicates the importance of skin to the human body. It helps to understand the problems and the treatment.

C) Tanu

Tanu means expanding or the organ which is able to expand. It indicates the density, thickness, delicacy of skin.

D) Asrukadhara

This is combined word of asruka + dhara. Asruka means blood. Dhara is an indicator of controlling the bleeding tendency. Thus term indicates the seat of blood.

#### **4) PARIBHASHA**

The true word or sentences stated by a trusty person of shastras called paribhasha.

Terminology used in our text for tvaka are as follows.

Acharya Charaka has mentioned that these layers of skin covers the whole body. This remain throughout the life.<sup>(15)</sup>

This gives the process of the embryotic formation of skin.

#### **Formation of Tvaka :-**

According to Acharya Charaka, tvaka is the upadhatu of mansa so ultimately tvaka is formed by mansa.<sup>(16)</sup>

Also said that it is a matruja bhava<sup>(17)</sup>

According to Sushruta, tvaka has developed after the fertilization of the ovum. At the time of fertilization shukra, Shonita and soul become united for the manifestation of garbha.

Seven folds of the skin are formed and deposited on the rapid transforming product in the same manner as the layers of cream are formed and precipitated on the surface of the boiling milk.(Su.Sha.4/4)

According to vagbhata, tvaka is formed by the paka of rakta dhatu by its dhatvagni. After paka, rakta become dry in the form of skin like the deposition of cream on the surface of the boiling milk. Thus tvaka is also called as 'rakta samtanika'.(Aa. san. Sha.3/8-9)

### **PANCHABHAUTIKATVA OF TVAKA:**

All the organs are made of panchamahabhuta.<sup>(18)</sup>

So twacha should have a panchabhautika constitution also.

<b>Sr No.</b>	<b>Mahabhuta</b>	<b>Effect</b>
1.	Pruthvi	Tvaka has been considered as the upadhatu of mansa that shows it is stable.
2.	Jala	Due to the presence of jala mahabhuta tvachais snigdha and firm.
3.	Agni	Tvaka has the specific varna and lusture.
4.	Vayu	Tvaka is the adhishtana of sparshanemdriya.
5.	Akasha	Presence of some micro channels of sveda forming organ.

## CONCEPT OF TWACHA-AYURVEDIC VIEW :-

According to Ayurveda skin is formed from seven layers (**Su. Sha.4/4 , 5**). The theory of Acharya Sushruta about the layers of skin describes that the skin is made up of seven layers and every successive layer from downward to upward direction is thicker than the previous one and can be affected by various disorders.

### Showing skin layers according to Sushruta

#### No of the layer thickness in Vreehipramana manifesting disease

No.	Name of layer	Thickness of Vreehi praman	Manifesting diseases
1	Avabhasini	1/18 <sup>th</sup>	Sidhma, Padmakantaka etc.
2	Lohita	1/16 <sup>th</sup>	Tilakalaka, Nachha, Vyanga
3	Shweta	1/12 <sup>th</sup>	Charmadal, Ajagaka, Mashak
4	Tamra	1/8 <sup>th</sup>	Different types of Kilas Kushtha
5	Vedini	1/5 <sup>th</sup>	Kushtha, Visarpa
6	Rohini	1	Granthi, Apachi, Arbud, Galagand
7	Mamsadhara	2	Bhagandar, Vidradhi, Arsha

Whereas, the Charaka and Vagbhata has described the skin, being comprised of six layers depending upon the function and disease propensity of each layer of skin. The modern anatomy also reveals seven layers of the skin

all these descriptions about skin anatomy can be correlated and a common inference can be drawn from them.

**Types of layers of skin according to Charaka& Vagbhata:-**

Layers	Charaka	Vagbhata
First	Udakadhara	Udakadhara
Second	Raktadhara	Raktadhara
Third	Affected by Sidhma & Kilas	Sidhma &Kilas
Fourth	Affected by Dadru & Kushtha	Kushtha
Fifth	Affected by Alaji & Vidradhi	Alaji & Vidradhi
Sixth	Affected by red & Blackish Pidika	Prandhara

Sharangadhara has also mentioned seven layers of the skin along with the probable onset of disease. Name of first six layers are same as but 7<sup>th</sup> is called **sthula** which is the site of vidradhi.(Sha.San. Purvakhanda5/18)

**KRIYASHARIRA OF TVAKA**

**Tvaka and Dosha :**

Tvaka is one of the site of vata and pitta.(Aa. Hru.Sha.12/13)

**Vata-** Skin has been considered as sparshanendriyaadhishtana which is function of vata.(Cha.Su.8/10)

**Pitta** -Bhrajakapitta is located on the tvaka for giving luster and colour.(Cha. Su.12/12)

**Kapha-** Snigdhatā, shlakshnata, mruduta, sthirata, shīta, prasannata, snigdhavarnata are the attributed to kapha. For ropana karma (self healing process) kapha is responsible factor.

### **Tvaca and Dhatu:**

**1. Rasa-**In the context of tvaka sara purusha lakshanait has been also said as rasasara. A 1st layer of tvakaudakadhara also contains rasa (lymph) so it can be easily understood that there is a relation between tvaka and rasa.

**2. Rakta -**Among its functions varna prasādāna- mansa have been mentioned.(Su.Su.15/6)

**3. Mansa-**Twak is upadhatu of mansa.(Cha.Su.15/7)

**4. Meda-** Among its functions snehadharana, svedadharana, drutatvahas been mentioned.

**5. Asthi-**Kesha, roma, and nails are mala of asthidhatu which are embedded in the skin.

**6. Majja-**Among its functions to from tvakaasneha, akshisneha.

**7. Shukra -**It present all over in the body it gives prasannavarnatato skin and help in regeneration of skin.

### **Tvaka and Mala:**

**1) Sveda:** It is mala of meda which is excreted by tvaka. Sveda maintain the luster and humidity of skin.(Cha.Su.15/5)

**2) Nails and Hairs :** These are mala of asthidhatu and tvakaagata sneha is mala of majjadhatu.

## CONCEPT OF KSHUDRA ROGA :-

1) “Kshudra” shabda elucidation :- According to Acharya Indu –

a) The term “Kshudra” is synonyms with the words “Swalpa”, “Adham” and “Krura”. The disorders with the aforementioned features are termed “Kshudra Rogas”.

- The disorder characterized by Manda vega, Maha vega, Alparuja, Aruja, Mahtwa or Aplatwa are all grouped as kshudra rogas.

- Swalpatwa as seen in Mashak, Vyanga, Tilakalakadi

- Adhamatwa as seen in Ruddhaaguda, Shar kararbuda, kunakha

- Kruratwa as seen in Masurika, Vishota, Agnirohini.

The term “Kshudra” is also synonymous with “Significance”.

b) Acharya “Shrekanthadatta” in his “Madhukosha” commentary on M.N.55/1 has given 4 possible explanation of the term “Kshudra”.

1) The disorder with kshudra (minimal) – Hetu (causative factors) Lakshana (signs & symptoms) and Chikitsa (treatment) can be termed as Kshudra Rogas.

2) The disorders which unlike Vrana / Jwara are not classified into many subtypes (Avartarbhedha rahit) and are dealt with in concise manner (Stokasamkhya nirdishta).

3) Both Raudratwa (Severily / Morbidity) and Aplatwa (mildness) are included in the term Kshudra.

4) The diseases affecting the children [Kshudra vaya – less age] can be termed Kshudra rogas.

**General Etiopathology** :- Vitiated Doshas, when confined to the dhatus such as Twaka, Mamsa and Shonita give rise to Kshudra rogas.

**Clinical Importance** :- A physician who has sound knowledge of kshudra rogas doesn't erroe in treatment.

**Kshudra Rogas are described in :-**

1) C.S.18 & C.C.12 though the term “Kshudra” is not wood.

2) 44 kshudra rogas have been mentioned in S.N.13.



- 3) 36 Kshudra rogas have been described in A.S.U.36 & A.H.U.31 respectively.
- 4) 44 Kshudra rogas are mentioned in M.N.55.
- 5) 60 Kshudra rogas are mentioned in S.S. poorvakhanda.
- 6) Chapter 61 of B.P. Uttarakhand deals with kshudra rogas.

Considering the above points, Vicharchika which is a kshudra roga, merits further evaluation as regards its hetu, Lakshan and Chikitsa<sup>1-4</sup>.

## **Ayurvedic Review of Vicharchika**

All dermatological disorders are coming under the term kushtha as per Ayurvedic text, kushtha is divided into two categories viz. mahakushtha and Kshudrakushtha. Vicharchika is categorized under Kshudrakushtha.

### **Etymology of the word "Kushtha":**

The word 'Kushtha' is derived from the Sanskrit root 'Kus Nishkarshane' by adding the suffix 'Tka' to it, which means 'to destroy with certainty', it means that which comes out from the inner part to the outer part.

When the vitiated Doshas provoke the four body elements and if this derangement of the seven dravyas is not cared to, a disease is formed inside the body which manifests itself on the skin and makes it 'kutsit' or contemptible (A.S.Ni. 14:4). The whole body becomes despised, therefore it is called "Kushtham".

### **Etymology of the word "Vicharchika"**

The word Vicharchika is derived from Sanskrit origin "CharchAdhyane" by using the prefix 'Vee' to it. The word "Adhyane" has two syllables 'Adhi' which means 'above' and 'Ayane' means 'to spread out'.

Thus it is defined as 'Visesata Charchte Adhi Eyate Araya Sakandu Kshudrapidika Swarupena Charmani Upariti Vicharchika'. This vicharcha denotes the eruptions over the skin with pruritus.

According to Vachaspathyam and Amarkosha the word Vicharchika is derived from the root 'Charch-Adhyayan', 'Poojanayam Va Dhatu' having the meaning of movement and pooja (pralep) when the root

Charch affixed by and suffixed by "Ak" it becomes Vicharchika which means a type of skin disorder.

### **Defination :**<sup>(19) (20)</sup>

1) According Acharya Charaka Vicharchika means the skin lesion with itching, boil, darkness and profuse oozing, vagbhata further mentioned lasikadhya

instead of bahusrava. Acharya madhava, vagbhata, bhavamishra have described almost same definition as Acharya Charaka .<sup>(21)</sup>

2) According to Sushruta Vicharchika means that marked lining, excessive itching and pain and dry lesion on the body.<sup>(22)</sup>

3) Blackish brown eruption with intense itching and pain is proposed by Kashyapa.<sup>(23)</sup>

4) Multiple pin head sized eruptions with ulceration and itching is described by Harita.<sup>(24)</sup>

### **NIDANA PANCHAKA OF VICHARCHIKA**

To understand the disease Acharya had explained the term nidana panchaka.<sup>(25)</sup>

Nidana, Purvarupa, Rupa, Upashaya, Anupashaya and Samprapti these 5 points are included under the heading of nidana panchaka

#### **Nidana :**

Factors responsible for the pathogenesis of disease are called nidana. Knowledge of nidana is useful to provide proper guidance for therapy as well as in the prevention of the disease.<sup>(26)</sup>

Though there is no specific description about etiological factors of the Vicharchika but it is being a variety of Kshudra kushtha, the etiological factors of the kushtha are to be accepted as the etiological factors of the Vicharchika.

### **NIDANA (ETIOPATHOLOGY) OF VICHARCHIKA:**

#### **According to Acharya Charaka:**<sup>(27)</sup>

Nidana of kushtha and hence of Vicharchika may be classified into following groups :

- 1) Aharaja hetu
- 2) Viharaja hetu
- 3) Acharaja hetu

1) **Aharaja hetu** :

These are chief responsible factors in the production of kushtha among them viruddha and mithyaahara are the main dietary factors.

**Viruddhaahara** :

There are eighteen type of viruddha ahara as described by the Charakadesha are kala, agni, matra, satmya, dosha, samskara, virya, koshta, avastha, karma, parihara, upachara, paka, samyoga, hrudaya ,sampada, vidhi viruddha.

**Mithyaahara** :

The diet which is opposite to Ashtauharavidhivishesaayataniisdesignated as Mithya ahara.

2) **Viharaja hetu** :

Mithyavihara, Vegadharana – Panchcakarmapacharajaare few such main viharaja hetu. Nowadays we have found many etiological which are viharaj in origin like excessive exposure to sunlight will cause Vicharchika (photocontact dermatitis),contact with allergents will cause Vicharchika (Allergic contact dermatitis)etc.

a. **Mithya vihara** :

It means improper activities like sudden changes from cold toheat and vice versa, excessive excerise etc.

b. **Vegavidharana:**

Acharya Charakahas stated thirteen types of ‘vega ’- natural urges inSutrasthana, the suppression of which are harmful to the body.

c. **Pamcakarmapacharaja** :

Improper activities during the pamcakarmatherapy maylead to skin disease, like improper administration of snehapanaalso causes skin diseases.

3) **Achara hetu** :

Achara hetu is also said to be as one of the causative factors for kushtha that is insult to brahmana, teachers or other respectable person

SrNo.	Nidana	C.S	S.S	A.S	B.S	H.S
<b>A.</b>	<b>Ahara hetu</b>					
<b>a.</b>	<b>Viruddha ahara</b>	+	+	+	+	+
1.	Intake of chilichima fish, milk	+	-	-	-	-
2.	Intake of mulaka, lasuna, with krushara	+	-	-	-	-
3.	Use of meat of dear with milk	-	-	-	+	-
4.	Use of mulaka with guda	-	-	-	+	-
<b>b.</b>	<b>Mithyaahara</b>					
1.	Adhyashana	+	+	+	+	+
2.	Intake of food during indigestion	+	+	-	+	+
3.	Excessive use of tila, krushara and guda	+	-	-	+	+
4.	Excessive use of madhu and phanita	+	-	-	-	-
<b>B.</b>	<b>Vihara hetu</b>					
<b>a.</b>	<b>Mithyahetu</b>					
1.	Perform sexual act during indigestion	-	+	+	+	+
2.	Do exercise after snehapana	+	-	-	-	-
3.	To take sun bath after heavy meal	-	+	-	+	+

4.	Sudden changes from heat to cold vice versa without following rules of gradual changes	+	+	-	+	+
<b>b.</b>	<b>Vegavidharan</b>					
1.	With holding of mutra and purishavega	-	+	-	-	-
2.	Suppression of urge of emesis	+	+	-	+	+
<b>c.</b>	<b>Panchkarmapcharaj</b>	-	-	-	-	-
	pamcakarma kriyayam nishiddha sevana	+	-	-	-	-
<b>C.</b>	<b>Achara hetu</b>					
1.	Insulting acts to brahminas teachers and other respectable persons	-	+	+	+	+
2.	Use of money acquired by unfair means	+	+	+	-	-
3.	Censuring or killing virtuous persons	-	+	+	-	-

Another classification can be

- Nij hetu (Internal causes) & Agantuj hetu (External causes).
- Manasik hetu (stress etc.) & Sharirik hetu (ahar etc.)
- Sannikrushta, Viprakrushta, Vyabhichari, Pradhanik.
- Utpadak, Vyanjak
- Asatmedriyath sanyog, Pradnyaparadh, Parinama.

### 5 )(Kushata Rog Hetu)

According to other acharyas some etiological factors are as follows<sup>(28)(28)</sup>

## 2. **Purvarupa** :<sup>(29)</sup>

According to Acharya vagbhata at the symptoms which are developed before presentation of specific sign and symptoms of disease is called purvarupa.<sup>(30)</sup>

According to Acharya madhava nidana sevana vitiates dosha and makes more all over the body and affects on specific seat producing disease. In this process signs and symptoms of disease itself are present but in lesser proportion or strength and sometimes in avyakta svarupa. These may or may not be useful for diagnosis of disease but gives idea about illness.

Vicharchika is a type of Kshudrakushtha, so purvarupa of kushtha can be considered as purvarupa of Vicharchika. purvarupa avastha is sign of doshadushya sammurchanastage under the fourth kriyakala.

According to Acharya Charaka purvarupa are<sup>(31)</sup>

According to Acharya Sushruta purvarupa are<sup>(32)</sup>

Purvarupa- Purvarupa described in details as follows :

1. **Svedadhikya** -atisveda is due to obstruction of svedavah srotasa and it is also a symptom of vitiation of rakta when vitiated dosha get settle in rakta, sveda is produced. pittavrutta samana vayu also causes svedadhikya. Exaggerated sweating predisposes to maceration of skin, growth of fungus, secondary dermatitis or contact eczema.
2. **Asveda** -There is no sweating due to svedavah srotovarodha obstruction is due to kaphavrutta samana. Due to asvedana, tvakaa parushya takes place with cracking and dryness.
3. **Parushya** -tvaka parushya means kathinyata felt in tvaka or absence of chikkanata. Generally the skin is little bit oily.tvakasneha is mala of majjadhatu but increases the khara guna ofvayu and decreases the snigdha and dravaguna of kapha leads to tvaka parushya.
4. **Atishhlakshnata** - Excessive secretion of tvaka sneha leads to atishlakshnata. Excessive secretion of sebaceous glands leads to greasy and oily shining skin. This condition favours the growth of organism and also aggravated by air pollution etc.

5. **Vaivarnya** - Generally every person has a typical skin colour, except the previous original appearance called vaivarnya of skin.
6. **Kandu** - Kandu is chief complaint of Vicharchika and also felt as Purvarupa. Kandu is mainly due to kapha dushti.
7. **Toda**- Toda means pricking sensation in the body. It is a type of pain due to vata prakopa.
8. **Suptata**- Suptata means sparshahani due to vata or kapha dushti.
9. **Paridaha** – Means burning sensation, it is due to vitiated pitta.  
Purvarupa of Vicharchika according to different Acharya are as follows

Sr No.	Purvarupa	C.S.	S. S	A.S.	A.H.	M.N.	B.P.
1.	Asvedanam	+	+	+	+	+	-
2.	Atisvedanam	+	+	+	+	+	+
3.	Parushyam	+	+	-	-	-	-
4.	Atishlakshnata	+	-	+	+	+	+
5.	Vaivarnya	+	-	+	+	+	+
6.	Kandu	+	+	+	+	+	+
7.	Nistoda	+	-	+	+	+	+
8.	Suptata	+	+	+	+	+	+
9.	Paridaha	+	-	+	+	+	+
10.	Lomaharsha	+	+	+	+	+	+
11.	Kharatvam	+	-	+	+	+	+
12.	Ushmayanam	+	-	-	-	-	-
13.	Gauravam	+	-	+	+	-	-
14.	Shvayathu	+	-	-	-	-	-
15.	Korhonnati	+	-	+	+	-	-
16.	Shrama	+	-	+	+	-	-
17.	Klama	+	-	-	-	-	-
18.	Visarpagamanam	+	+	-	-	-	-
19.	Kayacchidreshu upadeha	+	-	-	-	-	-
20.	Asruja' krushnata	-	+	+	+	-	-
21.	Svalpamapi vranadushti	+	-	-	-	-	-



## **Rupa:**

Rupa means the cardinal symptom pointing towards the specific disease. It is also known as samsthana, vyamjana, linga, lakshana etc. Rupa helps in diagnosing the disease and to know sadhyasadyata of the disease. Rupa are mentioned at 5<sup>th</sup> kriyakala at vyakti stage.<sup>(33)(34)(35)</sup>

According to Acharya Charaka the rupa of Vicharchika are lesion with itching, boil, darkness, profuse oozing. Acharya Vagbhata, Madhava and Bhavamishra have described same rupa as Acharya Charaka. Only Acharya Vagbhata has mentioned lasikadhya instead of bahusrava.

Here rupa are described in detail as:

### 1. **Kandu:**

Kandu is a main complaint in Vicharchika and described by most of Acharya. It means rubbing of the body. Kandu is a sensation in which patient feels to rub the skin and is commonly regarded as annoying.

According to Acharya Charaka it is caused by vitiated kapha and pittavikara. It is also considered in nanatmaja vikara of vata.

### 2. **Pidika:**

Pidika means that which creates the pida (pain). Small circumscribed solid troublesome lesion. It can be compared with small boil, papule or pustule. Acharya Charaka said that vitiated pitta and rakta cause inflammation in tvaka with redness.

### 3. **Shyava (vaivarnya):**

Vaivarnya means dark brown or dark coloured. The pidika of vaivarnya colour in Vicharchika has been mentioned by Acharya Charaka, Vagbhata, Madhava and Bhavaprakasha. Eczema in early stage being with red skin due to dilatation of blood vessels with oedema, papules, vesicles etc. And at the later stage skin lesions become dark and lichenified.

### 4. **Strava :**

Strava means flowing or straming. Symptom of srava is mentioned by all Acharya except Sushruta because he has explained dry type of

Vicharchika. For profuse discharge Acharya Charaka used the word bahusrava, while Acharyavagbhara said lasikadhya.<sup>(36)(37)(38)(39)</sup>

Full manifestation of Vicharchika is mentioned various Ayurvedic classics which is being tabulated as follows.

Sr No.	Rupa	C.S.	S.S.	A.H.	A.S.	M.N.	B.P.	H.S.
	Subjective							
A.	Symptoms							
1.	Kandu	+	+	+	+	+	+	-
2.	Vedana	-	-	-	-	-	-	-
3.	Atiruja	-	+	-	-	-	-	-
4.	Daha	-	-	-	-	-	-	-
B.	Colour of lesion							
1.	Shyava	+	-	+	+	+	+	+
2.	Shveta	-	-	-	-	-	-	+
3.	Rakta	-	-	-	-	-	-	-
C.	Nature of disease							
1.	Bahusrava	+	-	-	+	+	+	+
2.	Rukshata	-	+	-	-	-	-	+
3.	Lasikadhya	-	-	+	-	-	-	-
4.	Praklinna	-	-	-	-	-	-	-
5.	Raji	-	+	-	-	-	-	-
6.	Pakavati	-	-	-	-	-	-	-

## **SAMPRAPTI**

In Ayurveda ancient scholars have mentioned samprapti for kushtha but neither texts nor commentaries mentioned specific samprapti of Vicharchika so samprapti of kushtha can be accepted as a samprapti of Vicharchika.

### **1. According to Charaka :**

All the types of Kushtha are born by vitiation of tridosha, after nidana sevana and it leads to dushtya dushti, so tvaka, rakta, mansa and ambu becomes weak then this complex of seven dravya that is tridosha & tvaka, rakta, mansa, ambu leads to manifestation of kushtha.<sup>(40)</sup>

### **2. According to Sushruta:**

After nidana sevana aggravation of pitta and kapha takes place which produce avaranain vata activity, so vata also aggravates then vitiated vata enters in the tiryaka sira with other vitiated to spread there and further vitiate. After this bit reaches to bahya rogamarga and spread through out the body producing mandala where dosha gets lodged. If these dosha are not treated. Then they enter the deeper dhatu of the body.<sup>(41)</sup>

### **3. According to Acharya Vagbhata :**

Vitiated malaenters in tiryaka sira reaches tvaka, lasika, rakta and mansa vitiates to produce shaithilya in them then it spreads in bahya tvacha to produce vaivarnya and kushtha.<sup>(42)</sup>

## **Samprapti of Vicharchika according to shadavidha kriyakala concept :**

### **1. Sanchaya (Stage of Accumulation) :**

Normally the dosha remains in a state of equilibrium in its own ashaya but any disturbance in the normal state results into its excessive accumulation within their ashaya or at their original sites. This stage represents the inceptive

phase of the disease that is samchaya. Vicharchikais shakhashrita vyadhi but in initial dosha are remaining in the koshtain its own sthana.

## **2. Prakopa (Stage of vitiation) :**

Failure to take corrective measures during the samchayaavastha and if followed to act further, the prakopa stage starts. In this stage already accumulated dosha get strengthened at their own seats and tend to become excited.<sup>(43)</sup>

In Vicharchika tridoshajaprakopa as well as dominancy of vitiated pitta and kapha is present in greater extent.

## **3. Prasara (Stage of Spread):**

If previously provocative factors are still not corrected by appropriate means then the excited pass on to the next stage known as prasara. At this stage excited dosha spread to other organs, structures and parts of the body.<sup>(44)</sup>

In Vicharchika vitiated dosha travel by tiryaka sira and vitiate four dushyathat is tvaka, lasika, rakta and ambu after this vitiation of all mixture is travel with each other.

## **4. Sthana Samshraya (stage of localization) :**

In this stage the spreading dosha become localized wherever there is kha-vaigunya or reduced immunity and it marks the beginning of specific disease pertaining to the structure. This stage represents the purvarupa phase and the interaction between the doshadushya takes place. In Vicharchika, sapta dravya cause kushtat kha-vaigunyain tvaka. Purvarupa of kushtas are produced in this stage.

## **5. Vyakti (stage of onset) :**

This stage gives a clear picture of a disease along with other systematic symptoms with full manifestation that is rupa.<sup>(45)</sup>

In Vicharchika kandu, pidaka, srava etc are produced in full potentialities.

## **6. Bheda (stage of complication) :**

This stage needs careful handling, according to Sushrutaif proper management is not done at this stage the vitiated dosha or the disease may become incurable. At this stage the neglected cases may result in severe complications.

Paka and Vrana formation may indicate towards this stage of Vicharchika. Symptoms of raji, arti etc also indicate its chronicity. Vagbhata said in the later stagekrumiis produced in the kleda sveda and kotha after this gradually eat up the loma and tvaka.

### **Sampraptighataka of Vicharchika:**

1 saptako dravya samgraha

**Dosha** - tridosha

Kapha pradhana (all Acharya except Sushrutaand madhava)

Pittapradhana(Sushruta)

Vatapittapradhana(madhava)

Vata-vyana, samana

Pitta-pachaka, bhrajaka

Kapha-avalambaka ,kledaka

**Dushya** -

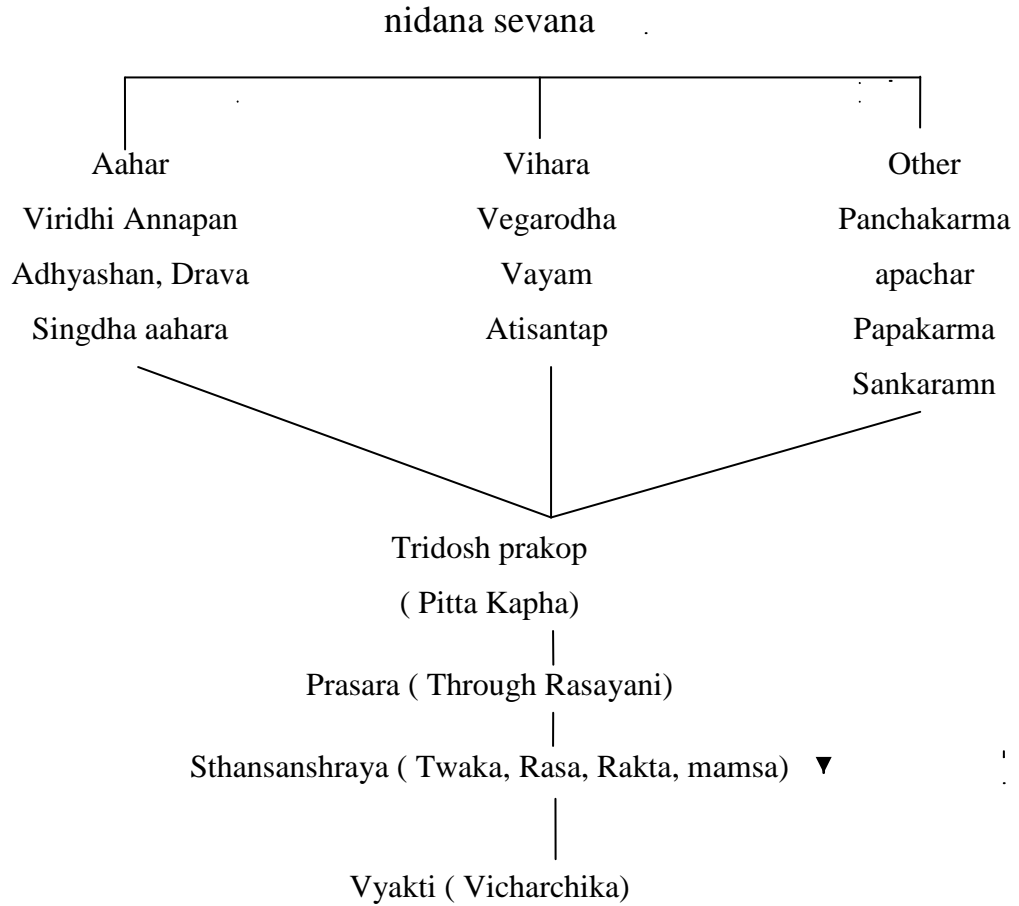
tvaka, rakta, mansa, lasika

1 agni - jatharagnimamdy, dhatvagnimamdy  
andamavisha.

2 srotasa - rasavaha, raktavaha, mansavaha,svedavaha  
srotodushti - vimargagamana, samga.

3 udbhava - amashaya  
sanchara - tiryakag sira

4 adhishrhana - tvaka  
rogamarga - bahya  
prabhava - chirakal



**Sadhya-asadhya:**<sup>(46)</sup>

- |               |   |  |
|---------------|---|--|
| sadhya        | - | vata kaphaja, dominance of only one dosha.   |
| kruchrasadhya | - | kapha pittaja, vata pittaja  |
| yapya         | - | medogata   |
| asadhya       | - | tridoshaja, Formation ofkrumi, diseasedperson, who is balahinahaving tushna anddaha. |

**Upadrava-**

Upadrava of Vicharchikaare the same as that of kushtha. prasravana, angabheda, sequestration of body parts, thirst, fever, diarrhoea, burning sensation, debility, anorexia and indigestion above all mismanaged diseases createdkrumi which harms to sira, snayu, tvaka and tarunasthi.<sup>(47)</sup>

Charakahas amplified the scope of the term Chikitsa. Chikitsa means not only the radical of the causative factors of the disease but also the

restoration of the doshikequilibrium. All Acharya has given same treatment some what like Charaka acharya. Shodhan, shaman and nidana parivarjanathese are three main parts of the Chikitsa.<sup>(48)</sup>

### **3. Nidana parivarjana:**

In it causative factors should be avoided and pathya apathya should be followed. It is very very important to avoid causative factors of Vicharchika without that treatment did not work or the results obtained were not long lasting. "sanksheptahakriyayogo nidanam parivarjanam" it's a key point of chikitsa.

#### **pathya apathya :**

Though there is no specific description about pathya apathya of Vicharchikabut it is being variety of Kshudra kushtha so the pathya apathya of kushtha is same for Vicharchika.<sup>(49)</sup>

Complete avoidance of etiological factors is first line of treatment. Pathya has prime importance in prevention of the disease as well as treatment of disease.

#### **Pathya:**

Guna	-	laghu
Shuka dhanya	-	godhuma, yava
Shimbi dhanya	-	mudga, arhara, masura
Shaka	-	tiktashaka
Mansa	-	jamgala
Aushhadha	-	priyangu, bhallataka, triphala nimba, patola, khadira, vidanga bakuchi, vasa etc.

**apathya :**

All nidanas of kushtha especially guru, amla, lavana, ushnaahara, dadhi, anupa mansa, guda, tila should be avoided in combination or due to viruddha ahara, navanna, drava, divasvapa samtapa, papakarma are apathya to kushtha.



## **MODERN REVIEW**

The skin is outermost cover of the body. Suffers different types of injuries like physical, Chemical, actoparasitic and infective in origin. These various insults are the origin of many of the dermatitis that is eczema or dermatitis. The Greek word 'EC' means out and 'zeo' means boil. Thus whole word 'ekzein' means to boil out.

## **PATHOPHYSIOLOGY :**

Eczema begins with erythema and edema followed by the appearance of minute vesicles in the area. The vesicles rupture and this gives rise to and oozing of fluid alternative it may dry up with scaling and crusting. After healing there may be some residual pigmentation left. Sometimes it becomes chronic and skin becomes lichenified i.e thickened with exaggerated skin marking and hyper pigmentation.

Its stages may be represented on the basis of the lesion and its characteristic.

- i.e. I] Acute stage - erythema, edema, vesiculation, oozing, crusting  
II] Sub acute stage - Hyper-pigmentation, scaling, crusting.  
III] Chronic stage - Lichenification.

## **Vicharchika & Eczema resemblance:**

Dermatitis is being used as synonym for eczema by most of the dermatologist. These are the kind of non contagious inflammation of the skin characterized by erythema, Scaling, edema, vesiculation and oozing. The disease Vicharchika to a greater extent resembles eczema/dermatitis. Therefore the eczematous dermatitis can be included in study of Vicharchika. Vicharchika can be correlated with eczema in the sequence

Sakandu	-	Excessive itching
Pidaka	-	boil/papules/pustles/vesicles
Shyava	-	Erythema with discoloration
Bahusrava	-	Profuse discharge
Raji	-	Thickening or lichenification of skin
Arati	-	Pain
Sarukshha	-	Dry lesion

**REVIEW OF DRUG**

# REVIEW OF DRUG

## MALAHARKALPANA

### Introduction:

Bhaishajya Kalpana (ayurvedic pharmaceuticals) is a science which deals in detail about the preparation of different medicinal formulations and scientific base of it. Kalpana is the process or the method employed in the preparation of pharmaceutical products. There are different Kalpanas mentioned like swarasa, kalka, kashaya, hima, phanta, sneha, mashi, lavana, Malahara and many other. Malahara is a unique Kalpana which is one among bahirparimarjana chikitsa (external applications). There are no references of Malahara Kalpana available in Bruhatrai or ancient literatures of Ayurveda. Basically being originated from Unani system of medicine, it has found a place in texts of Ayurveda from 15th century AD. Later it acquired more importance and was made a part of the pharmaceutical dosage forms.

### 1. Nirukti:

It has two words- *Mala + hara*

*Mala* = *Vikruti* and *Hara* = to demolish

That which is responsible for demolishing the *Vikruti* is called Malahara.

### 2. Definition:

The semi-solid oily substance applied over external skin by rubbing it slowly for penetration of medicinal properties into skin.

*Malahar Kalpana* is mentioned in *Yogaratanakara* for the first time in Ayurvedic pharmaceuticals. *Maraham* or *Malahar* are the words commonly used by *Unani* physicians. *Malahar* is the *Sanskrit* word which means removal of *mala* (debris), waste products, dead tissue from the wounds hence this word *Malahar* is more suitable and specific. In modern pharmaceuticals it is very much similar to ointments.

### 3. Synonyms:

**Sanskrit-** *Abhyangan*

**English-** Ointment

**Marathi-** *Malam*

**Arabi-** *Marham*

**Farsi-** *Malham*

**Latin-** *Angventam*

**General method of preparation:** There are two methods of preparation of Malahara trituration and fusion

1) In trituration method the drugs are taken in a khalva (mortar and pestle) and triturated for a specific duration till they are mixed homogeneously. In contemporary science, ointment slate and spatula are used to make the uniform mixture.

2) In fusion method, ointment base is melted on mild fire or on a hot water bath and other ingredient are mixed one by one properly and allowed to cool till it solidifies. The mixing of the substance should be done in the ascending order of the melting point. i.e. the substance with higher melting point should be melted first followed by the substance with lower melting point one after the other.

The amount of base may vary according to the season or need of the physician. For instance in the context of siktha taila the ratio of maduchishta (base) and tila taila (sesame oil) varies according to the season. In the sheetha kala (winter) the ratio will be 1:6 and in ushna kala (summer) it will be 1:5

#### **4. Contents of Malahar:**

Basically there are 2 important parts of ingredients present in *Malahar Kalpana*.

**1. Aadhar/Aashraya:** Base of *Malahar* i.e. *taila, ghrita, siktha*.

**2. Aadheya/Aashrayi:** Drugs having therapeutic use i.e. *Gandhak, Chakramarda, Medicated Oil*

##### **4.1 Properties of Aadhar/Aashraya dravya:**

**1. Mishraniya:** Easily mixed with liquids or oil soluble contents.

**2. Mrudu:** Easily melts on skin temperature.

**3. Sangrahaka:** Easily hold all contents.

**4. Tvaka-praveshaka:** Easily Penetrates in skin.

**5. Shoshaniya:** Easily absorbed by skin.

**6. Snigdha:** Oily.

**7. Prasaranashila:** Easily spreadable over skin.

**8. Tvachya:** Nourishes the skin.

**9. Sthira:** Remain for more time on skin.

**10. Yogavahi:** Increases other contents ingredients without changing its own properties.

**11. Sodhaniya:** Easy to clean.

#### **4.2 Types of *Aadhar/Aashraya dravya*:**

1. Hydrogenated oil
2. Kokam oil
3. Vaseline
4. Raw oil
5. Butter
6. Beeswax
7. Animal fat
8. Ghee
9. Payas (Emulsion)
10. Sarjarasa (Niryasa of Shorea Robusta)
11. Gandhabiroja (Extract of Pinus Longifolia)

#### **5. Types of *Malahar*:**

1. Contains medicated oils
2. Contains volatile oils
3. Contains medicine powders

#### **6. Method of preparation of *Malahar*:**

Preparation of *Malahar* can be subdivided into 3 steps,

**6.1. *Poorva karma*** i.e. pre-procedure

**6.2. *Pradhana karma*** i.e. main procedure

**6.3. *Pachhat karma*** i.e. post procedure

##### **6.1. *Poorva karma*:**

**a. *Marana Sanskar*** of main drugs if necessary.

**b.** Collection of Raw drugs like *siktha*, *tila taila* and main drug.

**c.** Purification of main drugs i.e. *gandhaka*, *tankan* purification

**d.** Collection of equipments like *chullika*, vessel, cloth, spoon.

## **6.2. Pradhana karma:**

**a) Preparation of *Siktha taila*-** *Siktha Taila* is a mixture of bee's wax and oil. It is soft, smooth ointment like substance, used as an emollient or as a base in the preparation of different ointments. *Rasatarangini* has described 2 methods of preparation of *Siktha taila*.

### **Method 1**

One part of pure bees wax and 6 parts of *tila taila* are mixed and melted over mild flame. When wax melts into *tila taila* the heat was discontinued. After cooling it becomes a homogeneous soft butter like paste.<sup>(1)</sup>

### **Method 2**

Here, instead of 6 parts of oil, 5 parts of oil is said to be added to 1 part of beeswax, rest of the procedure is similar to that of first method. If any physical impurities are seen in the wax (after melting) it should be filtered through a cloth.<sup>(2)</sup>

The first method is said to be followed during Hemant Ritu (winter season) and the second one during Grishma Ritu (summer season)<sup>(3)</sup>.

### **b) Mixing of fine powder into *Siktha taila*:**

The base of the *Malahara Kalpanai*.e. *Siktha taila*, to this, as per the formulation, add the fine powder of various ingredients and mix well. The fine powder may be of *Kajjali*, *Tankan*, *Gandhaka*, *Mriddara shringa*, *Manashila*, *Girisindoora*, *Haratala*, *Gairika*etc.

## **6.3. Paschat Karma:**

**Storage:** Prepared *Malahar* must be preserved in wide mouthed plastic or glass container having tight fitting.

## **7. Saviryatavadhi:**

According to Drug and Cosmetics (Sixth Amendment) Rules, 2009, *Saviryatavadhi* i.e. shelf life of *Malahar* is given as 3 years.

## Various Classical Formulations of Ointments in Rasatarangini

(Ref. - Drug Review from 4 to 22)

Sr. No.	Name of Formulation	Contents	Procedure	Adhikar	Reference
1.	Rasapushpa Malahar	Rasapushpa ( 4 Ratti) Shatadhauta Ghrita ( 1 Tola)	Kharaliya	Firanga	RT 6 /52-53
2	Rasapushpadya Malahar	Rasapushpa ( 4 Ratti) Sikhta Taila ( 1 Tola)	Kharaliya	Vicharchika , Firanga	RT 6 /54-58
3	Kajjalikodya Malahar	Sikhta Taila (48 Tola), Kajjali (2 Tola), Mridarshinga (4 Tola), Kamilaka (8Tola), Kankshi 3 Maase)	Kharaliya	Shodhana, Ropana	RT 6 /129-134
4.	Dadru Vidravana Malahara	Sikhta Taila (12 Tola), Shuddha Gandhak (1 Tola), Tankan ( 1/2 Tola), <b>Chakramarda Beej</b> (1/2 Tola), Laksha Churna (1/2 Tola)	Agni	Dadru	RT 8 /59-62
5.	Gandhakadya Malahar	Sikhta taila (6 Tola), Gandhak ( ½ Tola), Sindoor ( ½ Tola) Tankan ( 2 Masse), Karpoor ( 2 Masse)	Kharaliya	Pama	RT 8 /63-65
6.	Hingudalaya Malahara	Sikhta Tiala   (12 Tola), Sindoor (1/2 Tola), Hingul (2 Mase)	Kharaliya	Firanga	RT 9 /25-26

7.	Hnlamrut Malahar	Siktha Taila   (12 Tola) Hingul Churna ( 6 Mase), Mridarshiringa (2 Mase), Tankan (2 Mase) Karpoor (2 Mase) Rasapushpa ( 2 Mase), Kanshi ( 2 Mase)	Kharaliya	Pooya Vrana, Vrana Shodhana, Vrana Ropana	RT 9 /27-31
8.	Talakodya Malahar	Siktha Taila (30 Tola), Shuddha Hartala ( 2 Tola), Kajjali (1 Tola), Gairik ( 1 Tola), Sindoor ( 1 Tola), Shuddha Manasheela ( ½ Tola)	Kharaliya	Dadru, Kushtha, Vispota, Nadivrana	RT 11 -78-82
9.	Tankanamruta Malahar	Tankan (2 Tola), Sikhta Taila (12 Tola), Sajjikkshara (1/2 Tola), Pushpa kasis (1/2 Tola), Pippalivriksha Kshara (2 Mase)	Kharaliya	Dushtavran	RT 13/96-99
10.	Tankanamlasya Malahar	Sikhta ( 9 Tola), Tankanamla ( 1Tola)	Kharaliya	Vrana Shodhana, Jivanuhara, Agnidagdha Vrana	RT14 /112-114
11	Yashadarut Malahar	Sikhta Taila ( 3 Karsha), Yashada Chasma ( 1 Tola)	Kharaliya	Vrana Ropana, Vicharchika	RT 19 /146-148
12.	Tuthamrita Malahar	Sikhta Taila ( 10 Tola), Shuddha Tutha ( 20 Ratti)	Kharaliya	Pama	RT 21 /97-99
13.	Tuthakadya Malahar	Ghrital ( 1Tola), Rall Chrna ( 1/8-1/4 Tola), Tuthachura ( 11/2 Mase), Kapardika Bhasma (1Tola), Tankar Churna ( 1 Tola)	Kharaliya	Vrana Shodhana, Pooya-Nisarak	RT 21 /100- 104



14.	Sindooradya malahar	Sikhta Taila ( 6 Tola), Tankan ( ½Tola), Sindoor ( ½ Tola)	Kharaliya	Vrana Shodhana, Vrana Ropana	RT 21 /156-158
15.	Switiya Sindooradya Malahar	Sikhta Taila ( 6 Tola), Raal Churna ( ½ Tola), Sindoor (1/2 Tola)	Kharaliya	Visarpa, Kushtha, Kruminashka	RT21 /159-161
16.	Mridarshringa dya Malahar	Sikhtataila (1 Pali), Shuddha Mridarshrunga Churna ( 1 Tola)	Kharaliya	Bhagana Sandhankara, Pama – Kandunashaka, Bawasir	RT 21 /173-176
17.	Dwitiya Mridarshringa dya alhar	Atasibeej Taila ( 1 Pali), Mridarshrinnga Churna ( 1 Tola)	Agni	Twacha Vrana Ropana	RT 21 /177-180
18.	Gaiikadya Malahar	Shuddha Swarna Gairik ( 1 Tola), Harudra Churna ( 1 Tola), Sindoor 1(mase), Sikhta Taila ( 6 Tola)	Kharaliya	Kandu, Dahashanti, Varan Ropana	RT 23 /130-132
19.	Vedanantak Malahar	Sikhta Taila ( 9 Tola), Shuddha Ahiphen ( 9 Mase), Sindoor ( 9 Mase)	Kharliya	Bawaseer	RT 24 /301-305
20.	Navjivan Malahar	Shuddha Afim ( 3 Mase), Sikhta Taila ( 6 Tola), Triphala Bhasma Churna ( 1 Tola), Gandhabiroja ( 1 Tola)	Agni	Dushtavran a	Parishishta

## Various Classical Formulations of Ointments in Yogaratnakar

( Ref. - Drug Review 23 & 24)

Sr. No.	Name of Formulation	Contents	Procedure	Adhikar	Reference
1.	Paradadi Malahar	Parad ( 2Bhag), Gandhak (2 Bhag), Mridarshringa (2 Bhag), Tuttha, Kampilaka, Ghrit	Kharaliya	Vrana	YR Vrana Shotha Chikitsa
2	Dwitiya Paradadi Malahar	Parad, Gnadhak, Khadir, Sindoor, Ral, Kampilaka, Mridarshirnga, Tuttha ( Sam Bhag )	Kharaliya	Vrana	YR Vrana Shotha Chikitsa

## Previous Research Work done on Malahar

Sr. No.	Title	Author	Year	University
1.	A clinical study on the role of 'saptasamo Yoga' and Darvyad yamak Malhar in the management of ekakushtha (Psoriasis)	Dr. Kalpana Galani	2005	Gujarat Ayurved University, Jamnaga
2.	An Observational Study of Gandhak Malahar on Allergic Skin Rash Produced By Unknown Insect Bite	Vd.Taklikar Jyotsna M.	2012	Crystal, a peer reviewed journal of complemtory medicine
3.	Formulation and evaluation of panchatikta- as a semisolid dosage form for its wound healing property	Parmar Ramesh Bhanajibhai	2006	Department of pharmaceutics, p.e.s college of pharmacy Bangalore
4.	Role of kukkuta purishadi malahara and siddha taila in bahya arsha (external heamorhoids)	Vd. Suryakant D. Waghmare	-	Swami ramanandteertha marathwada university,nanded
5.	Effect of vedanantaka malahara and jatyadi ghrita in the management of parikartika (fissure in ano) - a comparative study	Dr. Preeti P. Patil	2010	RGUHS,Karnataka, Bangalore
6.	A comparative clinical study in the management of vipadika with vipadikahara malham and sindooradi lepa	Dr. Priyanka. S.	2009	RGUHS,Karnataka, Bangalore
7.	The preparation, physico-chemical analysis of yashadamrita malahara and sindhooradi taila and comparative clinical study on Vicharchika (eczema)	Dr. Sobagin M. V.	2006	RGUHS,Karnataka, Bangalore
8.	Evaluation of effect of Yavakshara malhar-ointment on abhyantar arsha (internal piles)	Dr. Vijay Padmakarrao Ukhalkar	2009	Swami ramanath teerth marathwasa university,nanded

For the treatment of Vicharchika Chakramarda Ointment used for the study.

There are 6 Contents in involved in the Chakramarda Ointment are as follows :-

- 1) Chakramarda herb  
( Seeds are used during Tail Nirman Vidhi)
- 2) Base of Ointment
  - a. Soft Paraffin
  - b. Hard Paraffin
  - c. Bess Wax
  - d. Micro Wax
- 3) Sesame Oil

Detailis of all 6 contents are as Follows:

1) **Chakramarda-**

- |                |       |  |
|----------------|-------|--|
| Latin Name     | -     | Cassia Tora  |
| Family         | -     | Leguminosae ( Subfamily – Caesal piniaceae)  |
| Synonyms       | -     | Chakramarda, Fdgaj, Gajakhyo, Meshahya, Edhasti, Vyavartak, Chakragajasheha, Chakri, Punnad, Punnat, Vimardak, Dadrughna, Tarvat, Chakravha, Shukranashan, Drudbeej, Prapunnat, Kharjughna               |
| Grantha, Varga | -     | Chakramarda Literture available in all granthas & Nighantu   |
|                | i)    | Madanpal Nighantu <sup>(43)</sup> - Abhyadi Varga  |
|                | ii)   | Raj Nighantu <sup>(42)</sup> - Shavadi Varga   |
|                | iii)  | Kaiyadev Nighantu <sup>(41)</sup> - Aushadhi Varga   |
|                | iv)   | Nighantu Adarsh <sup>(46)</sup> - Putikarnjadi Varga   |
|                | v)    | Dhanvantari Nighantu <sup>(40)</sup> - Karveeradi Varga  |
|                | vi)   | Shemkutuhah <sup>(47)</sup>  |
|                | vii)  | Shivdatta  |
|                | viii) | Vignasen - Gandmala Chikitsa   |
|                | ix)   | Shaligram Nighantu <sup>(44)</sup> - Karveeradi Varga  |
|                | x)    | Charak Samhita <sup>(25 to33)</sup> - Ch. Su. 3/3<br>Ch. Su. 3/13<br>Ch. Su. 3/15<br>Ch. Su. 27/101<br>Ch. Su. 7/83<br>Ch. Su. 7/103<br>Ch. Su. 7/113<br>Ch. Su. 7/126<br>Ch. Su. 7/127<br>Ch. Su. 7/161 |
|                | xi)   | Shodal Nighantu <sup>(45)</sup> - Karveeradi Varga   |

- xii) Shushruta Samhita - Su. Chi. 9/19,20  
(34to39) Su. Chi. 9/54-56  
Su. Chi. 9/57-62  
Su. Chi. 10/4  
Su. Chi. 9/11,12,13

- Regional Name - i) Sanskrit - Dadamardana, Kharjugna,  
Taga, Ayudham, Prabhoonata,  
Chakramarda  
ii) Hindi & Bengali - Chakunda, Paevar  
iii) Gwalior - Pambar  
iv) Bombay & Gujrat- Kovaraya  
v) Maharashtra - Tankala  
vi) Telgu - Tagirisia, Tantemu, Tantiyamu  
vii) Tamil - Ushttagarai, Thagarai – Verai  
(Seeds)  
viii) Konkan - Daddupan  
ix) English - Foetid Cassia  
x) Arab - Kulikul  
xi) Sinh - Tora

Parts Used - Leaves, Seeds, Roots

Properties - Acharya Charaka states that (Ch. Su. 26) some substances act in accordance to their Rasa (taste), other in accordance with their qualities of post digestive effects (vipaka), others in accordance with their veerya (potency) and yet other through specific action (prabhava)

Charaka& Shushruta have mentioned the Rasa Panchaka of leaves where as rest of the Acharya stated the rasa Panchaka of Seeds.

## Rasapanchak

( Ref. – Drug Review – 40 to 45)

Sr.	Granthas	Rasa	Veerya	Vipaka	Guna
01.	Charaka Samhita	Madhura	Sheeta	Katu	Guru, Ruksha
02.	Sushruta Samhita	Madhura	Sheeta	Katu	Laghu, Ruksha
03.	Dhanwantari Nighantu	Katu	Ushna	Katu	-
04.	Kaiyadev Nighantu	Katu	Ushna	Katu	Laghu, Ruksha
05.	Bhavaprakasha Nighantu	Katu	Sheeta	Katu	-
06.	Raj Nighantu	Katu	Ushna	Katu	Tikshna
07.	Madanapala Nighantu	Madhura	Ushna	Katu	Laghu, Ruksha
08.	Shaligram Nighantu.	Madhura	-	Katu	-
09.	Shanker Nighantu	-	Ushna	Katu	Laghu, Ruksha
10.	Sodhal Nighantu	Madhura	Ushna	Katu	Laghu, Ruksha

Charaka&Sushruta have mentioned Madhur rasa for Patra of Chakramarda & other Acharyas have mentioned Katu rasa for Beej. So the conclusion is that the beej is having Katu rasa & Katu rasa itself indicates Vayu, Agni pradhanya. (Ca.su. 26/40).

Almost Acharyas have metioned Ruksha, Laghu, Tikshna Guna which have Mahabhuta dominancy of respectively Agni, Vayu, Nabhasa – Agni,Vayu,Pruthvi – Agni. Therefore, according to Guna, Agni-Mahabhuta dominace followed by Vayu Mahabhuta can be predicted.

Ushna Virya is stated by most of the Acharyas. Ushna Virya itself indicates Tejmahabhutpradhanata.

Here same as Rasa, Charaka, Sushruta and other Acharyas have mentioned sheeta Virya for Patra. And other Acharyas have told Ushna Virya for Beej.

All authors have mentioned Katu Vipaka which indicates Vayu, Agni, Akash pradhanata.

### Explanation of Panchamahabhoota as Follows :

Rasa	Katu	Vayu, Agni
Veerya	Ushna	Tej
Vipaka	Katu	Tej, Vayu, Agni, Akash
Guna	Ruksha	Tej, Vayu, Akash
	Laghu	Tej, Vayu, Pruthvi
	Tikshna	Tej

It is mentioned by Charaka Acharya that every drug has Panchabhautika properties. And the panchabhautika Samgathana of the drug Chakramarda can be detected on the basis of Study of Rasas in it. After referring all texts, I, concluded that it has Katu - Rasa and has Ushna – Virya & Katu, Guna - Vipaka. Laghu, Ruksha, Tikshna. These all suggest that drug must be having Tej as dominant Mahabhuta, followed by Veerya – Vayu, Akash, Pruthvi, Jala in descending order. The Mahabhuta dominancy of Chakramarda can be easily understood from the table given.

### Leaves & Seeds :

- 1) Seeds: Mostly exalbuminos, flattened, elongated matured single dry leguminous pod consists of the dried matured glossy seeds. 25-30 in number, with the long axis in the direction of the pod and flattened in the same direction. Not being cherished.
- 2) Leaf : Alternate, pinnately, compound rarely single with a swollen leaf base known as the pulvinus distinctly petiolated, Rachis grooved on upper side. More or less pubescent with a conical linear glands between each of the two lowest pairs of leaflets towards base or occasionally with only a single gland on above said place.

**Karma & Rogghanta:** Nucilaginous and foetid smelling leaves are internally gentle aperients, externally germicide & antiparasitic: they have also maturant & anodyne action. Root and seeds also have the same properties externally.

**Chemical Constituents :** Leaves and seeds contain a glucoside resembling chrysophanic glycoside. Resembling chrysophanic acid, leaves contain

principal similar to cathartin and a red colouring matter & mineral matters  
“Emodin, Glucoside.”

- Uses :
- a) Valuable Remedy in skin diseases
  - b) Seeds steeped in the juice of Euphorbia Nerifolia & made in to paste with cow's urine is an application to cheloid is an application to cheloid tumors useful in leprosy psoriasis.
  - c) Ground with sour buttermilk or lime juice and applied to ease the irritation of itch and skin eruption.
  - d) Root rubbed in to paste with lime juice is a specific for Ringworm, applied also for buboes in plague.
  - e) Leaves are prescribed in decoction in 2 ounce doses for children suffering from feverish attacks while they are applied to foot ulcers, also inflammations caused by any irritant.
  - f) An oil called Chakramarda and containing Cassia Tora & Eclita also is very useful in obdurate Skin Diseases such as ring worm etc.



## Review of Pervious Work done on Chakramarda

Sr. No	Title	Scholar Name	Name of Institute	Year
1)	Dadru Evam Vichakrika Par Chakramarda Beeja Choorna Ka Prayoga	Zope A. B.	Jamnagar (Kayachikitsa)	1978
2)	Chakramarda Ka Vanaspatik Ashyayan Eam Kshudra Kushtha Par Prabhav	Chastd. G. K.	Udaipur (Dravyaguna)	1988
3)	Chakramarda Ka Vivechnatmak Adhyayan Evam Kshudra Kushtha Roga Par Prabhav	Prasad R.	Pilibit R. L. M. College (Dravyaguna)	1995
4)	A comprehensive study of Chakramarda W.S.R. to Sthaulya	Zala J.B.	Jamnagar (Dravyaguna)	1998
5)	The Study of Chakramarda w.s.r. to Sthaulyaroga	Goyal Anupam	Ujjain Govt. Ayu. College (Dravyaguna)	2006
6)	A Pharmacotherapeutic study to assess comparative efficiency of Chakramarda and Gomutrabhavit Chakramarda on Vicharchika.	Ankur Vadi	Jamnagar	2007

## Base of Ointment

Paraffin - For the Chakramarda Ointment as a base of Ointment Paraffin Wax used

In the Science of Chemistry Paraffin is used synonymously with alkane, indicating hydrocarbons with the general formula  $C_nH_{2n+2}$ .

- The name is derived from Latin Parum (“barely”) + affinis, meaning “lacking affinity” or “lacking reactivity”, referring to paraffin’s unreactive in nature.
- Paraffinis a white or colorless soft solid derivable from petroleum, coal, or oil shale, that consists of a mixture of hydrocarbon molecule containing between twenty and forty carbons atoms.
- It remains solid at room temperature & begins to melt above approximately  $37^\circ C$  ( $99^\circ F$ ) point> Boiling point of Paraffin is  $370^\circ C$  ( $698^\circ F$ )
- Common application for paraffin wax include
  - o Lubrication
  - o Electrical insulation
  - o Candles

It’s Mainly of 2 types

- Soft Paraffin
- Hard Paraffin

### a) **Soft Paraffin** –

For the purpose of Ointment Soft Paraffin is used in quantity

- White Soft Paraffin is popularly known a white petroleum jelly. It is mainly used in dry skin conditions. It is not an active ingredient as such, but works as a moisturizer by providing a layer of oil on surface of the skin to prevent water evaporation from the skin surface. It is a very greasy moisturizer.
- The skin dries out when too much water evaporates from it’s surface. This increases in ageing and is made worse by washing, because hot water and soap remove the layer of natural oil produced on the skin surface.
- Moisturizers are helpful for all dry skin conditions, which gets worse when the skin is allowed to dry out used regularly they help restore the skin smoothness, softness and flexibility by helping the skin to maintain moisture. They should be applied frequently particularly before or after washing to prevent skin drying out.

**b) Hard Paraffin**

Hard paraffin is a derivative of soft paraffin used in different skin condition like as soft paraffin.

**c) Bees Wax**

Bees Wax was first used in medicine by the ancients, in making salves & healing ointment.

In Ayurveda it is known as Madhuchista.

There are 2 methods of rendering wax, one by the use of artificial heat and the other by the use of the sun rays through a glass sash on the principal of a hot bed. When these rays pass in to glass - covered box a considerable amount of heat is generated – enough to melt wax.

Bees Wax, the most valuable, has a specific gravity of between 960° and 972° and melting point between 143° and 145° F.

**d) Micro Wax**

Microcrystalline wax is often used for cosmetic purpose.

Microcrystalline Waxes are excellent material to use when modifying the crystalline properties of paraffin wax. The microcrystalline wax has significantly more branching of the carbon chains that are the backbone of paraffin wax. This is useful when some desired functional changes in the paraffin are needed such as higher melting it, flexibility & increased opacity. Microcrystalline waxes can generally be divided in to the 2 categories

- 1) Laminating Grades
- 2) Hardening Grades

The laminating grades typically have a melt pt. of 140° – 175° ( 60-80°C) and needs penetration of 25 or above.

The hardening grades will range from about 175-200 F ( 80-93°C) and have a needle penetration of 25 or below. Color in both the grades can vary from brown to white, depending on the degree of processing done at the production level.

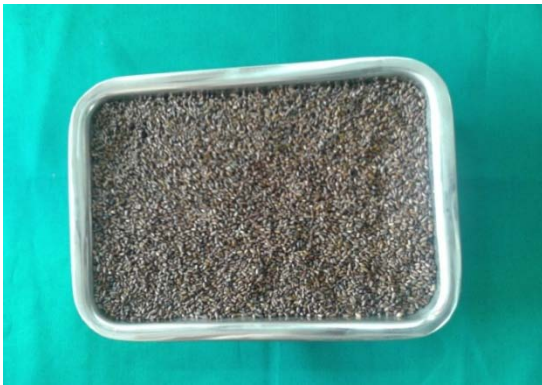
**e) Til Tail**

Main Rasa of Tiltaila is Madhur (Sweet) & it's Anurasa is Kashaya. It is penetrating, hot & quick absorbing in nature. It increases Pitta causes obstruction of Urine & faces, it does not increase Kapha. It pacifies Vata dosha, gives nourishment, beneficial for skin & improves digestion & memory. By combination & procedures with other drugs, it acts on all diseases.

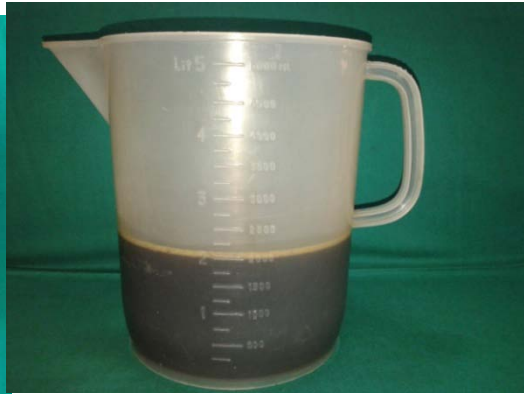
Chakrapani says that sanskar means use of Tiltaila in procedures on drugs while manufacturing & sanyog means combination with drugs.

- 1) Tiltaila is said to be Twachya i.e. beneficial for skin. It is also nourishing in nature. So it gives nourishment to skin & improves tone & texture of skin. It also reduces dryness of skin due to its slection. It also acts on Vata & Kapha. So it is helpful in skin diseases due to Vata & Kapha.
- 2) Tiltaila is said to be acting on all diseases by means of Sanyog & Sanskar. Sanyog means combination with various drugs. While Sanskar means using it in procedures on drugs carried out in its manufacturing. In both ways it goes along with given durg & carries out the activity allotted to that drug. So it can also act on skin disease due to Pitta is used with drugs acting on Pitta.

## Photographs of ingredients



Chakramarda Seeds



Chakramarda Kwath



Chakramarda Siddhatail



Chakramarda Ointment



Soft Paraffin



Hard Paraffin



Micro Wax



Bees Wax



Til Tail

## **MATERIALS AND METHODS**

## **MATERIALS AND METHOD**

### **I) Material**

**A. Trial Drug Chakramarda (Cassia tora) Ointment**

**B. Patients of Vicharchika**

**C. Proforma of Documentation**

#### **Ingredients of Chakramarda Ointment**

1) Chakramardabeeja Siddha Tail 1 Liter

2) Soft Paraffin 1.25 Kg.,

3) Hard Paraffin 125 gms.

4) Micro Wax 50 gms.

5) Bees Wax 75 gms.

**Chakramarda (Cassia tora) ointment will be prepared by following method**

- 1) Chakramarda Siddha Tail is prepared from Chakramarda seeds by siddha tailanirmanvidhi as described in the texts.
- 2) In double jacketed S.S. vessel under controlled temperature 70<sup>0</sup>C soft paraffin, hard paraffin, micro wax, bees wax are mixed together and well stirred manually to get homogenous mixture
- 3) Chakramarda siddha tail was blended with the diluted homogenous mixture formed in the previous step
- 4) Let the mixture formed be kept aside so that it cools and hardens

**Chakramarda Seeds, Chakramarda Siddha Tail and Chakramarda Ointment is standardized with standard parameters from Charak Testing Lab (FDA approved ISO/IEC 17025:2005 standard by NABL Lab). Standardisation reports are attached.**

### **II) Method**

#### **A) LEVEL OF STUDY**

The study was conducted on out patient department level.



**B) CENTER FOR STUDY**

1) Charitable Ayurvedic O.P.D. runned by Ayurved Prasarak Mandal,  
Everest Hall, Dombivli (West)

**C) SAMPLE SIZE**

This clinical study was conducted with group of 30 patients.

**D) TYPE OF STUDY**

Randomized open uncontrolled trial.

**E) PERIOD OF STUDY**

13 weeks

**F) INCLUSION CRITERIA**

Age : 20 to 60 years

Sex : Male and female

Patients with signs and symptoms of Vicharchika vyadhi like Pidika,  
Kandu Strava, Vaivarnya, Daha, Ruja, Rukshtha, Shotha, Rakthima.

Patients with no known drug allergy.

**G) EXCLUSION CRITERIA**

- Pregnant patients
- Patients suffering from T. B., HIV/AIDS, D.M.
- Patients having excessive purulent discharge

**H) DRUG**

Chakramarda (Cassiatora) ointment made out of Chakramarda beeja  
siddha tail nirmanvidhi and method of ointment preparation.

**I) DOSES**

- Dose of 'Chakramarda Ointment' as per affected skin area.
- Application was advised twice a day (morning and evening) after washing the affected skin area with warm water nicely and drying it with a cloth.
- Total 30 numbers of patients was considered for the trial. All have undergone external use of Chakramarda (Cassiatora) ointment.

**J) INTERNAL MEDICINE**

- No internal medicine is given.

## **K) DIET**

- Salt restricted diet is advised. Salty food items like Pickel, Papad, Wafers etc. are advised to avoid.

## **L) FOLLOW UP**

- Was taken weekly upto 6 weeks and after treatment, in 13<sup>th</sup> week

## **M) CLINICAL EXAMINATION**

Patient's undergoing trial were examined clinically after every seven days to maintain a case record form.

## **N) CASE RECORD FORM**

Record and follow up of all patients included in the trial were documented in the case record form which is attached separately with synopsis.

Photographs of lesion were taken before and after treatment of some patients.

## **M) CRITERIA FOR ASSESSMENT OF PATIENTS AND RESULT OF TREATMENT.**

The efficiency of the therapy is assessed on the basis of subjective criteria and multidimensional scoring system is adopted for easier statistical analysis of the result. Scores of before and after treatment were given accordingly to severity of symptoms as follows

### **Overall effect of therapy**

Complete relief	:	100 %
Marked relief	:	75 %
Moderate relief	:	50 % to 75 %
Mild relief	:	25 % to 50 %
No relief	:	0 % or only marginal improvement

Gradation has been given to every sign and symptom as follows

### **Gradation of symptoms**

\* Scoring system reference

## **Kandu**

- 0 - No Kandu at all
- 1 - Very mild kandu (Rarely / sometimes itches)
- 2 - Mild Kandu (Itching is there for small time period)
- 3 - Moderate Kandu (Itching is there continuously in specific time day/night)
- 4 - Severe Kandu (Itching is present continuously regardless of specific time period)

## **Pidika**

- 0 - Absence of pidika
- 1 - Very mild pidika (1-2 pidika)
- 2 - Moderate (up to 10 pidika per lesion)
- 3 - Severe (10-20 pidika per lesion)
- 4 - Very Severe (more than 25 pidika per lesion)

## **Strava**

- 0 - Absence of discharge
- 1 - Very mild (Watery discharge sometimes in very less quantity)
- 2 - Mild (Watery discharge in noticeable quantity)
- 3 - Moderate (Bleeding through cracks sometimes)
- 4 - Severe (Watery discharge frequently)

## **Vaivarnya -**

- 0 - Normal color of skin
- 1 - Lohit Shyava lesion
- 2 - Shyava lesion (Blackish)
- 3 - Shyam lesion (Black)

## **Daha**

- 0 - Absence of burning sensation
- 1 - Very mild (Burning sensation rarely)
- 2 - Mild (Burning sensation on and off)
- 3 - Moderate (Burning sensation always)

4 - Very severe (Immense burning sensation)

### **Ruja**

0 - No Ruja at all

1 - Very mild Ruja (Present sometimes occasionally)

2 - Mild Ruja (pain present with the movement of area)

3 - Moderate Ruja (pain present even if there is no movement)

4 - Severer Ruja (Pain continuously regardless of movements or time)

### **Rukshata**

0 - Normal skin (cured)

1 - Loss in normal unctuousness of skin

2 - Slightly dry skin

3 - Excessive dry skin

### **Shotha**

0 - No shoth

1 - Present in less than 25% of area

2 - Present between 25-50% of the area

3 - Present between 50 to 75%

4 - Present more that 75% of area

### **Raktima**

0 - No Raktima



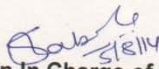
1 - Mild Raktima

2 - Moderate Raktima


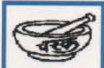
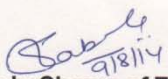
3 - Severe Raktima

\* From the research work done by Vd. Ankur Vadi at IPGT & RA, Jamnagar in 2007 titled – “A Pharmacotherapeutic study to assess comparative efficiency of Chakramarda and Gomutrabhavit Chakramarda on Vicharchika.”

## Standardisation Report of Chakramarda Seeds



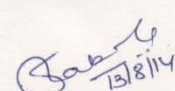
 <b style="font-size: 1.2em;">Charak Testing Laboratory</b> A Unit of Charak Pharma Pvt. Ltd, Mumbai CIN: U24230MH2000PTC127072 <b>FDA MAHARASHTRA APPROVED</b> Regd. Office: 32 & 67, Evergreen Industrial Estate, Shakti Mills Lane, Mahalaxmi, MUMBAI – 400 011 Tele. No.: 022 33016702. Fax No.: 022 33016705 e-mail – <a href="mailto:ctl@charak.com">ctl@charak.com</a> ; website – <a href="http://www.charak.com">www.charak.com</a>				
Form No. – 50 [Rule 160D- (f)] <b>NABL Certificate No. T-1660</b> Licence No. TL-AYU-012				
<b>TEST REPORT</b>				
Name of the Sample: Cassia tora Seeds Manufactured By: -- Supplied By: <span style="background-color: black; color: black;">XXXXXXXXXX</span> Batch No.: --	Report No.: CTL/0589/14 Sample No.: RM/0589/14 Received on: 02/08/14 Mfg. Lic. No.: -- Ref. No.: Letter dtd: 23/06/14			
Address: Jai Yashodham, 1 <sup>st</sup> Floor, Under Samata Hospital, Char Rasta, Manpada Road, Dombivali (East), 421 201. Mfg. Date: -- Exp. Date: -- Batch Size: -- Sample Qty.: 100 g				
Sample NOT DRAWN by Charak Testing Laboratory.				
<b>RESULTS OF ANALYSIS</b>				
<b>Sr. No.</b>	<b>Test Description</b>	<b>Method</b>	<b>Observations</b>	<b>Specifications</b>
1.	Description	ADH-078	Seeds are hard, rhombohedral, greenish brown to brownish black in colour, Surface smooth & shiny, 1.5 mm to 2.9 mm thick, 2 mm to 6mm long.	--
2.	Total Ash	ADH-002	8.97 %	--
3.	Acid Insoluble Ash	ADH-003	2.01 %	--
4.	% of Moisture @ 105°C	ADH-006	13.30 %	--
5.	Water Soluble Extractive	ADH-005	21.37 %	--
6.	Alcohol Soluble Extractive	ADH-004	7.68 %	--
7.	Non Volatile Ether Soluble Substances	ADH-033	5.33 %	--
8.	Thin Layer Chromatography	ADH-295	Solvent system: Chloroform : Methanol (9.5 : 0.5) Detection at 365 nm No. of Spots: 2, Rf values: 0.63 (Green) & 0.94 (Orange) Detection after exposure to Iodine Vapours: No. of Spots: 4, Rf values: 0.56, 0.31, 0.88, 0.94 (All brown) Detection after spraying with Anisaldehyde reagent: No. of Spots: 7, Rf values: 0.25, 0.31, 0.5, 0.75, 0.88, 0.94 & 0.98 (All purple)	--
Reference To Specification : --				
<p><b>OPINION:</b> In respect of the test carried out as mentioned above in the opinion of the undersigned, the sample referred to above is of standard quality/ is not of standard quality as defined in the act &amp; the rules thereunder in respect of the tests carried out on the sample, as mentioned above.</p> <p>NO OPINION AS NO LIMIT</p>				
Date: 05/08/14		 <b>Person In Charge of Testing</b> (Ms. Sabina Shirsekar)		
(1) Total liability of this laboratory is limited to the invoice amount. (2) The result listed refers only to the tested sample and applicable parameter. Endorsement of products neither inferred nor implied. (3) Samples will be destroyed after one month from the date of issue of test certificate (In case of nonperishable items Only). (4) This report is not be reproduced wholly or in part and can not be used as evidence in the court of Law and should not be used in any advertising media without special permission in writing.				

## Standardisation Report of Chakramarda Oil

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Form No. – 50 [Rule 160D- (f)] <b>NABL Certificate No. T-1660</b> Licence No. TL-AYU-012				
F/CTL/101/2				
<b>TEST REPORT</b>				
Name of the Sample:	Cassia tora Oil	Report No.: CTL/0631/14		
Manufactured By:	--	Sample No.: RM/0631/14		
Supplied By:		Received on: 06/08/14		
Batch No.:	--	Mfg. Lic. No.: --		
		Ref. No.: Letter dtd: 23/06/14		
Address:	Jai Yashodham, 1 <sup>st</sup> Floor, Under Samata Hospital, Char Rasta, Manpada Road, Dombivali (East), 421 201.			
Mfg. Date: --	Exp. Date: --	Batch Size: --		
		Sample Qty.: 100 ml		
Sample NOT DRAWN by Charak Testing Laboratory.				
<b>RESULTS OF ANALYSIS</b>				
Sr. No.	Test	Method	Observations	Specifications
1.	Description	ADH-078	Yellowish brown coloured oil with characteristic odour.	--
2.	Refractive Index	ADH-057	1.470	--
3.	Specific Gravity	ADH-050	0.9189	--
4.	Acid value	ADH-255	2.92	--
5.	Saponification value	ADH-258	153.29	--
6.	Iodine value	ADH-257	140.21	--
7.	Thin Layer Chromatography	ADH-295	Solvent system: Chloroform : Methanol (9.5 : 0.5) Detection at 365 nm No. of Spots: 2, Rf values: 0.63 (Green) & 0.94 (Orange) Detection after exposure to Iodine Vapours: No. of Spots: 4, Rf values: 0.56, 0.31, 0.88, 0.94 (All brown) Detection after spraying with Anisaldehyde reagent: No. of Spots: 6, Rf values: 0.31, 0.5, 0.75, 0.88, 0.94 & 0.98 (All purple)	--
Reference To Specification : --				
<b>OPINION:</b> In respect of the test carried out as mentioned above in the opinion of the undersigned, the sample referred to above is of standard quality/ is not of standard quality as defined in the act & the rules thereunder in respect of the tests carried out on the sample, as mentioned above.				
NO OPINION AS NO LIMIT				
Date: 09/08/14		 <b>Person In Charge of Testing</b> (Ms. Sabina Shirsekar)		
(1) Total liability of this laboratory is limited to the invoice amount. (2) The result listed refers only to the tested sample and applicable parameter. Endorsement of products neither inferred nor implied. (3) Samples will be destroyed after one month from the date of issue of test certificate (In case of nonperishable items Only). (4) This report is not be reproduced wholly or in part and can not be used as evidence in the court of Law and should not be used in any advertising media without special permission in writing.				



## Standardisation Report of Chakramarda Ointment

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Form No. – 50 [Rule 160D- (f)] <b>NABL Certificate No. T-1660</b> Licence No. TL-AYU-012				
<b>TEST REPORT</b>				
Name of the Sample: Cassia tora Ointment Manufactured By: -- Supplied By: <span style="background-color: black; color: black;">XXXXXXXXXX</span> Batch No.: -- Address: Jai Yashodham, 1 <sup>st</sup> Floor, Under Samata Hospital, Char Rasta, Manpada Road, Dombivali (East), 421 201. Mfg. Date: --	Report No.: CTL/0721/14 Sample No.: FP/0721/14 Received on: 11/08/14 Mfg. Lic. No: -- Ref. No.: Letter dtd: 23/06/14 Exp. Date: --      Batch Size: --      Sample Qty.: 2 x 25 g			
Sample NOT DRAWN by Charak Testing Laboratory.				
<b>RESULTS OF ANALYSIS</b>				
<b>Sr. No.</b>	<b>Test</b>	<b>Method</b>	<b>Observations</b>	<b>Specifications</b>
1.	Description	ADH-078	Brownish yellow coloured semisolid mass with characteristic odour.	--
2.	Total Ash	ADH-002	Nil	--
3.	% of Moisture @ 105°C	ADH-006	0.45 %	--
4.	Non Volatile Ether Soluble Substances	ADH-033	78.46 %	--
5.	Thin Layer Chromatography	ADH-295	Solvent system: Chloroform : Methanol (9.5 : 0.5) Detection at 365 nm No. of Spots: 2, Rf values: 0.63 (Green) & 0.94 (Orange) Detection after exposure to Iodine Vapours: No. of Spots: 3, Rf values: 0.56, 0.88, 0.94 (All brown) Detection after spraying with Anisaldehyde reagent: No. of Spots: 5, Rf values: 0.31, 0.5, 0.75, 0.88, 0.94 (All purple)	--
Reference To Specification : --				
<p><b>OPINION:</b> In respect of the test carried out as mentioned above in the opinion of the undersigned, the sample referred to above is of standard quality/ is not of standard quality as defined in the act &amp; the rules thereunder in respect of the tests carried out on the sample, as mentioned above.</p> <p>NO OPINION AS NO LIMIT</p>				
Date: 13/08/14		 <b>Person In Charge of Testing</b> (Ms. Sabina Shirsekar)		
(1) Total liability of this laboratory is limited to the invoice amount. (2) The result listed refers only to the tested sample and applicable parameter. Endorsement of products neither inferred nor implied. (3) Samples will be destroyed after one month from the date of issue of test certificate (In case of nonperishable items Only). (4) This report is not be reproduced wholly or in part and can not be used as evidence in the court of Law and should not be used in any advertising media without special permission in writing.				

## **OBSERVATIONS AND RESULTS**



## Observations and Results

1) Sex (Gender) wise distribution of 30 patients of Vicharchika.

Sr.No.	Sex	Total No. of Pts.	Percentage (%)
1.	M	19	63.33
2.	F	11	36.67

### Sex Wise Distribution

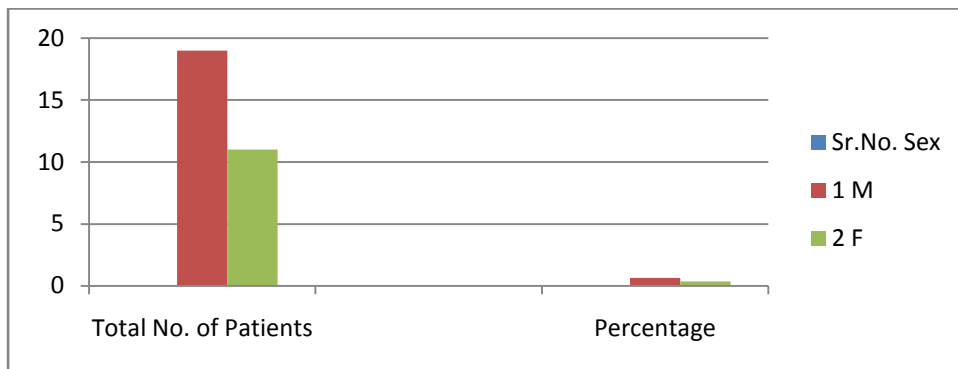


Table No. 1 shows out of 30 patients of Vicharchika 19 (63.33%) patients were male and 11 (36.67%) were female. There were more male patients than females.

## 2.Age Group Wise Distribution

Sr.No.	Age Group	Range	Total No. of Pts.	Percentage (%)
1.	A61	16-30 yrs.	4	13.33
2.	A62	31-45 yrs.	12	40
3.	A63	46-60 yrs.	14	46.67

**Age Group Wise Distribution**

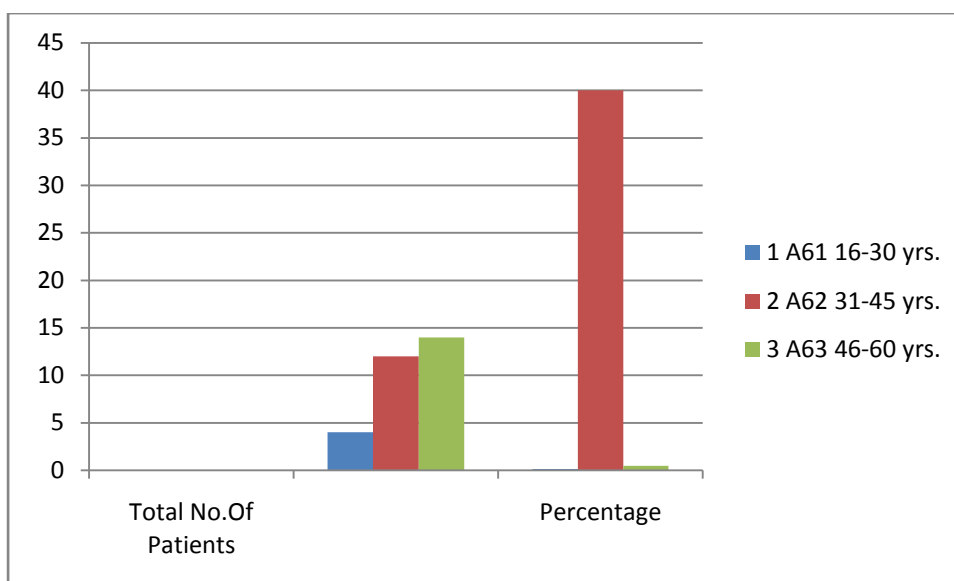
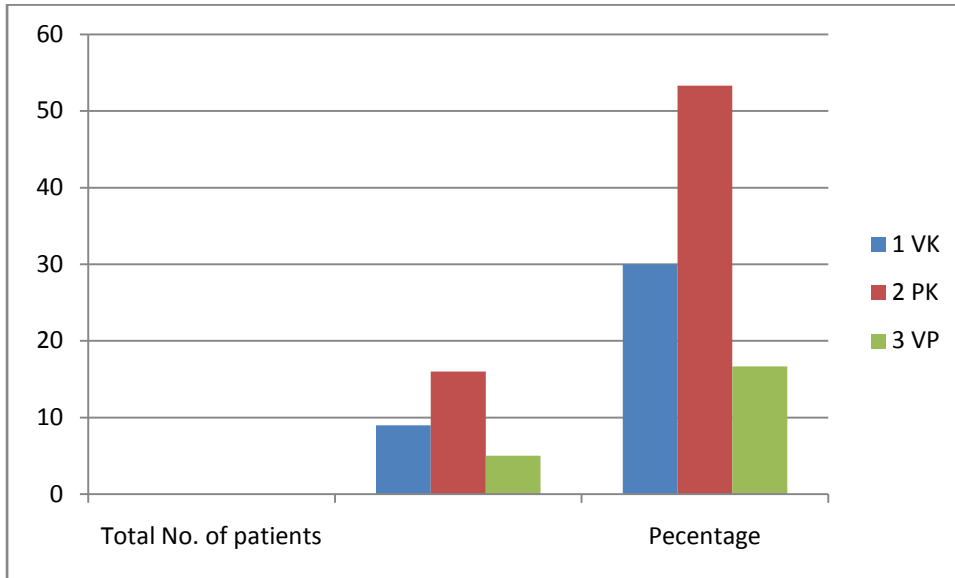


Table No. 2 shows that out of 30 patients of Vicharchika 14 (46.67%) were between 46 to 60 years in age groups. 12 patients (40%) were between 31 to 45 years and 4 patients (13.33%) belongs to 16 to 30 years age category.

### 3. Prakruti Wise Distribution

Sr.No.	Prakruti	Total No. of pts.	Percentage (%)
1.	Vatapittaj	5	16.67
2.	Vatakaphaja	9	30
3.	Pittakaphaja	16	53.33

**Prakruti Wise Distribution**



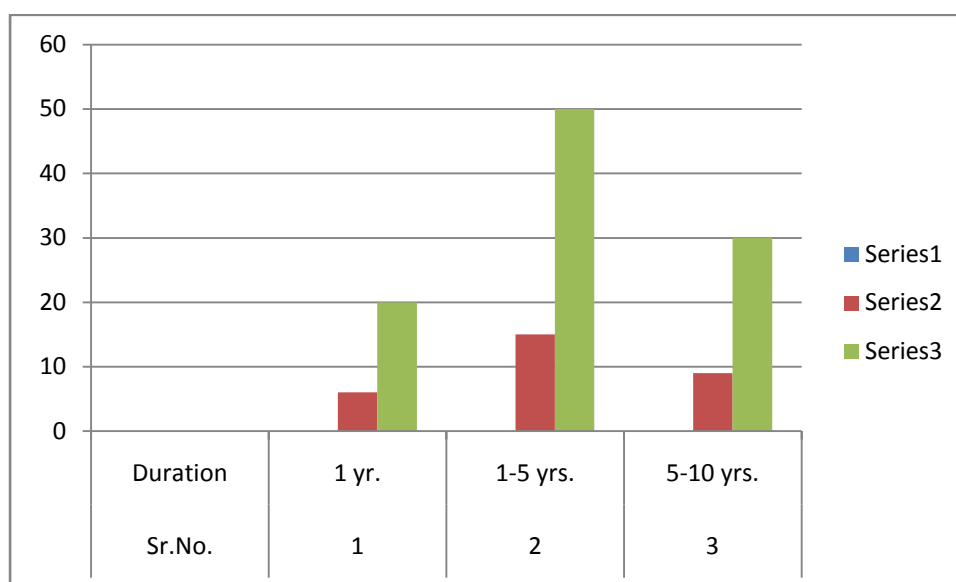
Out of 30 patients 16 (53.33%) patients had pittakaphaja prakruti. 9 (30%) patients had vata prakruti and 5 (16.67) had vatapitta prakruti.

Assesment of prakruti is made by description given in Charak Samhita Vimansthan, Adhyay 6.

#### 4. Chronicity Wise Distribution

Sr.No.	Chronicity	Total No. of pts.	Percentage (%)
1.	Since 1 year	6	20
2.	1-5 years	15	50
3.	5-10 years	9	30

**Chronicity wise Distribution**

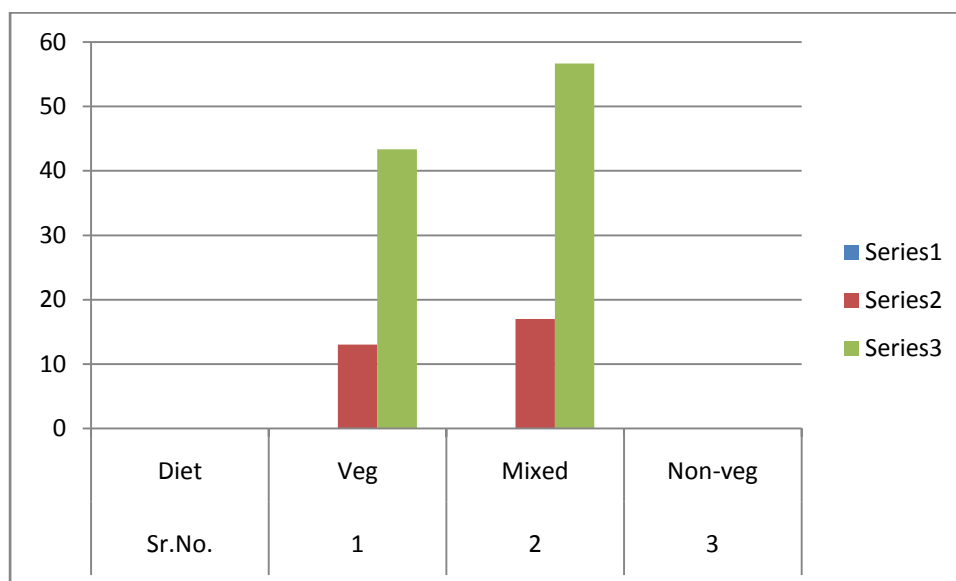


From above table out of 30 patients 15(50%) patients had Vicharchika since 1 to 5 years. 9 (30%) patients had Vicharchika from 5 to 10 years and 6 patients were suffering from Vicharchika since 1 year. Patients had Vicharchika more from one year are seen.

## 5. Diet Wise Distribution

Sr.No.	Diet	Total No. of pts.	Percentage (%)
1	Veg.	13	43.33
2.	Mixed	17	56.67
3.	Non-Veg.	0	0

**Diet Wise Distribution**

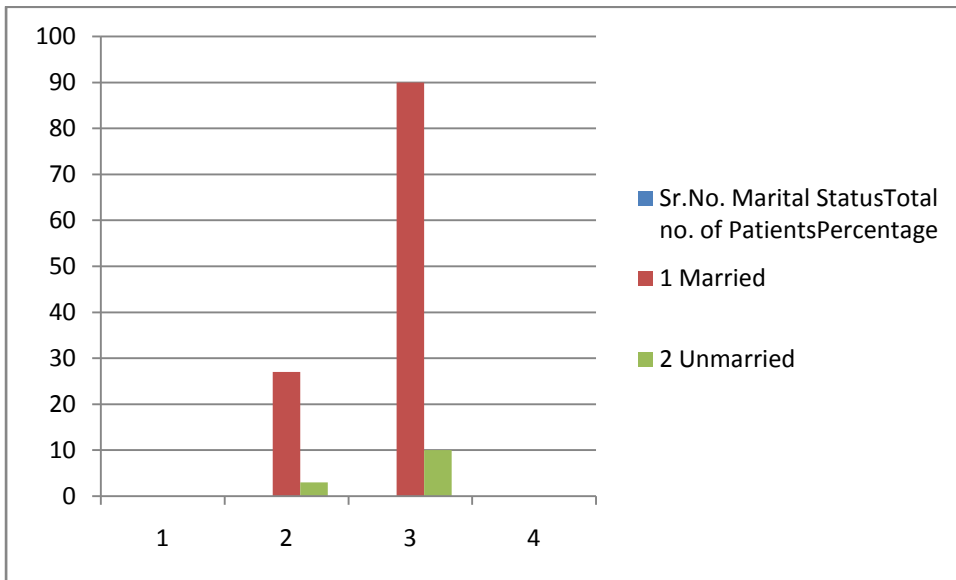


This table illustrates that 13 (43.33%) patients were vegetarians and 17 (56.67%) patients were consuming mixed diet. Maximum number of patients was mixed type.

**6.Marital status wise distribution of patients.**

Sr.No.	Marital status	Total No. of pts.	Percentage (%)
1.	Married	27	90
2.	Unmarried	3	10

**Marital Status Wise Distribution**

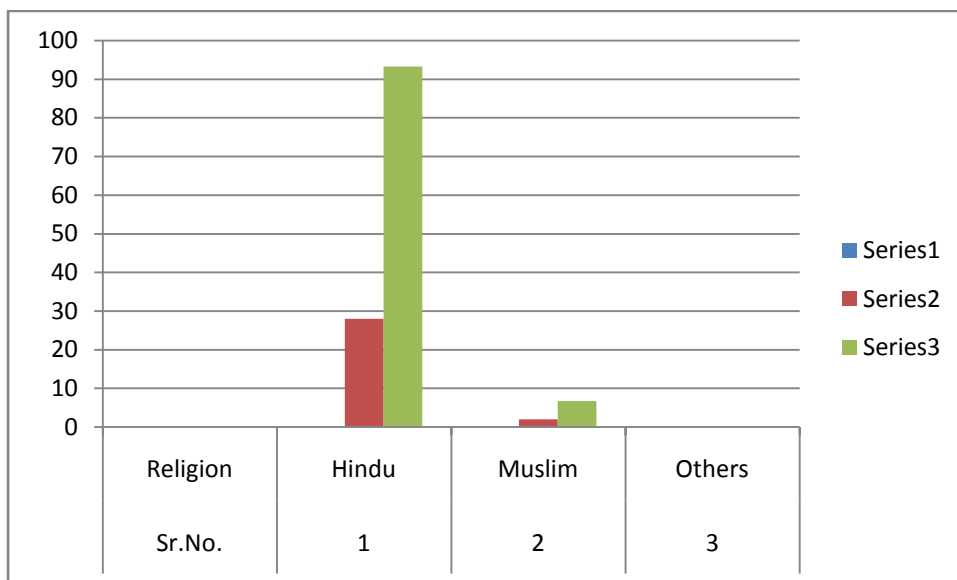


Out of 30 patients 27 (90%) patients were married and 3 (10%) patients were unmarried.

### 7. Religion wise distribution of patients.

Sr.No.	Religion	Total No. of pts.	Percentage (%)
1.	Hindu	28	93.33
2.	Muslim	2	6.67
3.	Christian	0	00

**Religion Wise Distribution**

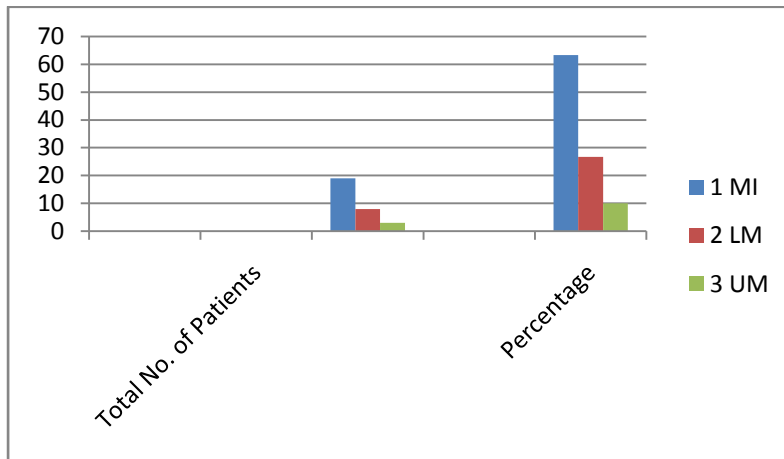


This table shows out of 30 patients 28 (93.33% patients were Hindu and 2 patients 6(6.67%) patients were of Muslim religion. Maximum patients were Hindu.

## 8.Socio-Economic Class Wise Distribution

Sr.No.	Socio-Economic Class	Total No. of pts.	Percentage (%)
1	Middle Class	19	63.33
2.	Lower middle Class	8	26.67
3.	Upper middle Class	3	10

### Socio-Economic Class Wise Distribution



This table elaborates that maximum 19 (63.33%) were from middle class and 8 patients (26.67%) from lower middle class. 3 (10%) patients belongs to upper middle class.

Patients in Lower Middle Class (LM) is considered, whose monthly income from Rs. 7000 to Rs. 15000, Middle Class (M) is considered whose monthly income from Rs. 20000 to Rs. 75000, Upper Middle Class (UM) whose monthly income from Rs. 75000 and above .

Before Treatment

After Treatment





Before Treatment

After Treatment



## **DISCUSSION**

## Discussion

The study entitled Clinical evaluation of Chakramarda Ointment on Vicharchika, primarily aimed at evaluating the effect of Chakramarda Ointment on Vicharchika.

The study included 30 patients of Vicharchika of both Sex and treated with local application of Chakramarda Ointment.

The findings of Clinical study are discussed critically under

1. Discussion on Demographic Analysis
2. Discussion on Clinical Profile & Statistical Analysis
3. Mechanism of drug.

### Discussion on Demographic Analysis

#### 1) Gender

Out of 30 patients of Vicharchika 19 (63.3%) were males. There were more male patients than females. This might be due to exposure to the junk food or canteen food at their job places most of the time of male patients. Food items are Amla Lavan Katu in nature which vitiate s raktadhatu and result in formation of Vicharchika.

#### 2) Age

In this study maximum patients, 14 in number (46.67%) were found in age groups of 46 to 60 years. This is 4<sup>th</sup> and 5<sup>th</sup> decade of life and known as Vat prakopak Kalawhich ultimately lead to Vatadushti. Vitiating Vata has predominant role in samprapti of Vicharchika. 12 patients (40%) were between 31 to 45 years and 4 patients (13.33%) belong to 16 to 30 years age category.

#### 3) Prakruti

It was found that all patients were having Dwandwaja Prakruti, maximum number of patients had Pitta Kaphaja Prakruti ie. 16 in number (53.33%). Suggesting the involvement of Pitta Kapha dosha in etiopathogenesis of Vicharchika both are Dravagunayuktadoshas and thus help in sustaining "Kleda". 9 patients were having (30%) Vata kaphaja prakruti and 5 patients (16.67%) had Vat Pittaja Prakruti as shown in above chart of 30 patients of Vicharchika.

#### **4) Chronicity**

In this study, out of 30 patients 15 patients (50%) had Vicharchika since 1 to 5 years. 9 patients (30%) had Vicharchika from 5 to 10 years and 6 patients were suffering from Vicharchika since 1 year. This data also reveals that patients seek treatment in acute stage and when it becomes chronic, patient starts neglecting it. As lesion becomes dormant in stage.

#### **5) Diet**

Out of 30 patients, 13 patients (43.33%) were vegetarians and 17 patients (56.67%) were consuming mixed diet, maximum number of patients diet was of mixed type. A mixed dish such as nigdha, many times amla and katurasa used for preparation and lavan rasa is used for preservation of non-veg food which causes raktadushti and leads to pathogenesis of Vicharchika.

#### **6) Marital Status**

It was found that 27 patients (90%) from present study were married and only 3 patients (10%) were unmarried. Maximum no. of patients married. Even though it is difficult to say that married status has any relation with Vicharchika.

#### **7) Religion**

Out of 30 patients maximum 28 (93.33%) patients were the followers of Hindu Religion. Rest 2 (6.67%) patients were from Muslim religion. This entry is based upon the types of patients attending the O.P.D. and which is located in Hindu dominated area, so it cannot be concluded that Hindus are more prone to have Vicharchika.

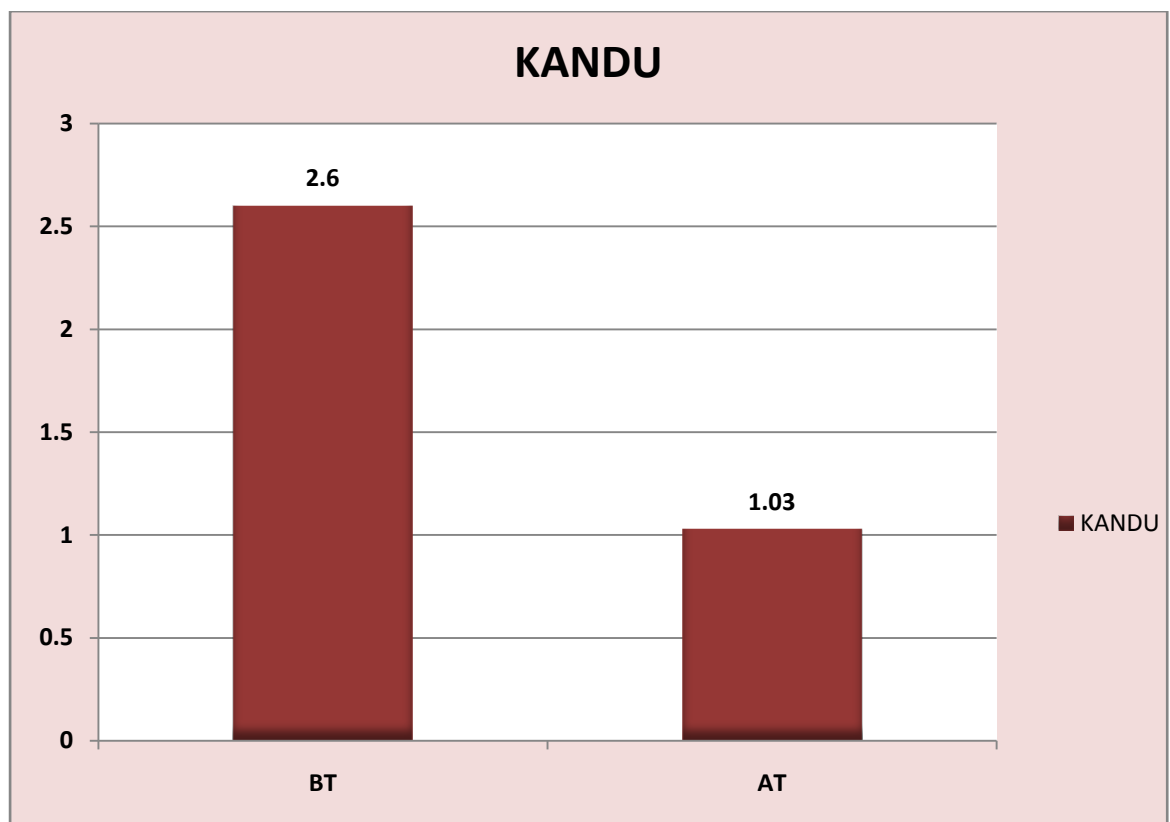
#### **8) SocioEconomic Class**

Maximum patients 19 (63.33%) were from middle class and 8 patients (26.67%) from lower middle class. 3 patients (10%) belong to upper middle class. Predominance of middle class is because of high percentage of such population in the area where O.P.D. is situated, so it does not carry any importance regarding occurrence of Vicharchika.

## Clinical profile & statistical analysis of therapy on signs and symptoms of Vicharchika by Wilcoxon signed Rank Test :

1.For Kandu :

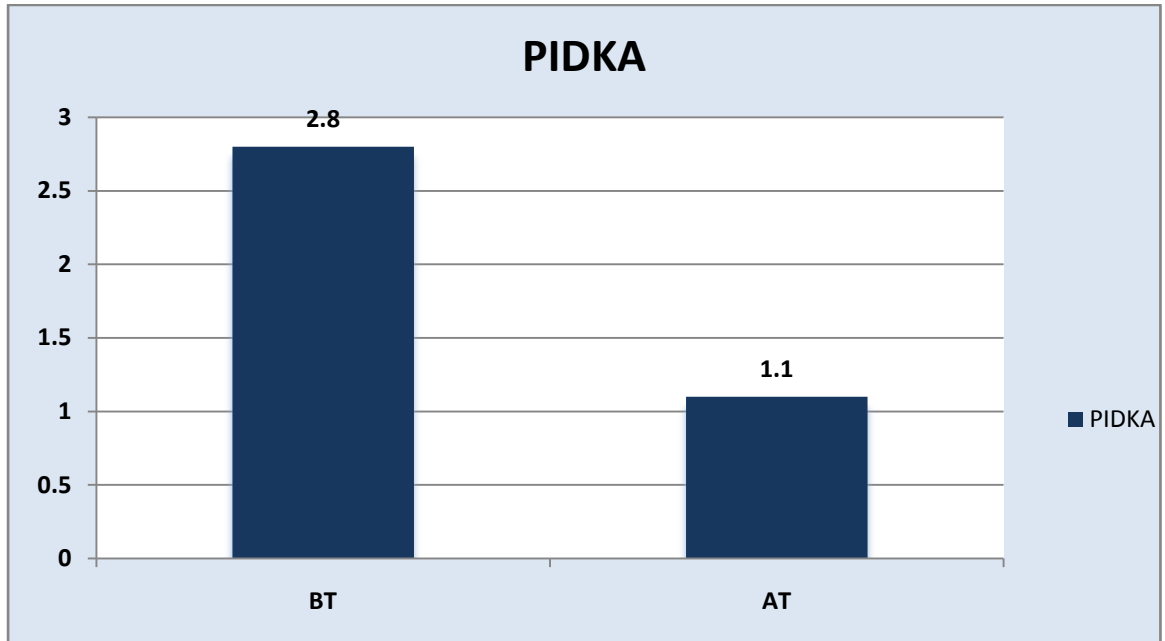
Kandu	Mean	SD	SE	Sum of all signedranks	No of pairs	Z	P
BT	2.6	0.7240	0.1322	378	27	4.5407	≤0.01
AT	1.03	0.1826	0.0333				
Diff	1.57	0.5414	0.0989				



Mean grading of symptom kandu reduced from 2.6 to 1.03 after treatment. Sum of all signed ranks is 378. The number of pairs is 27. Z value is 4.5407 which is statistically significant at 0.01 as indicated by Wilcoxon signed Rank tests.

**2. For Pidka :**

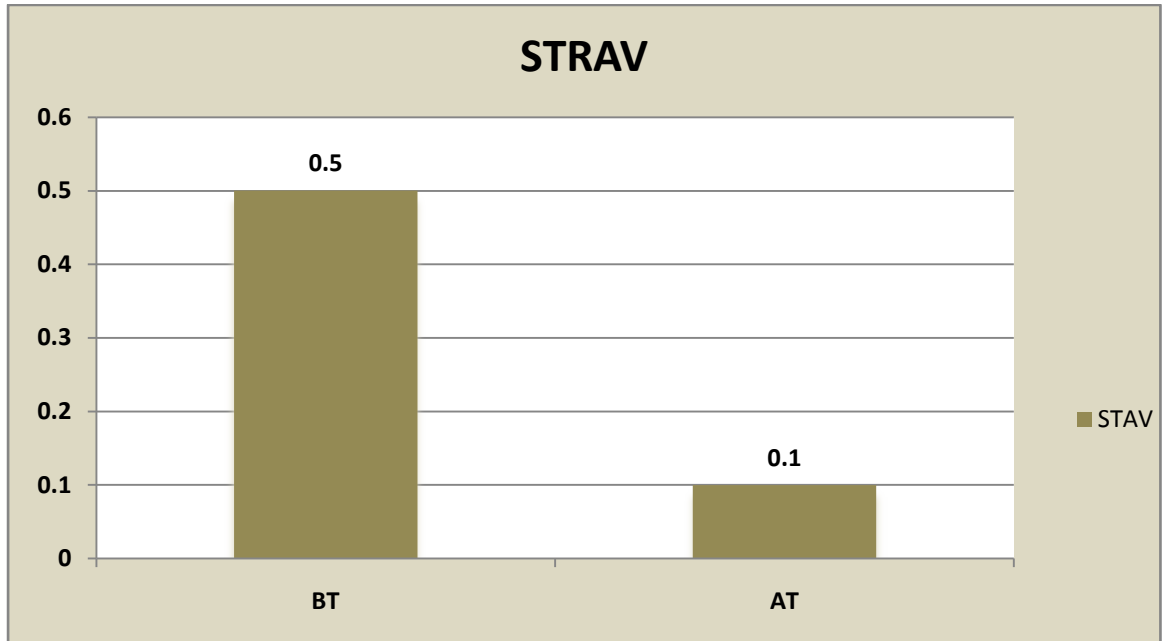
No of Pidka	Mean	SD	SE	Sum of all signed ranks	No.of pairs	Z	P
<b>BT</b>	2.8	1.0954	0.2034	406	28	4.6226	≤0.05
<b>AT</b>	1.1	0.8448	0.1568				
<b>Diff</b>	1.7	0.2506	0.0466				



Mean grading of symptom pidka reduced from 2.8 to 1.1 after treatment. Sum of all signed ranks is 406. The number of pairs is 28. Z value is 4.6226 which is statistically significant at 0.05 as indicated by Wilcoxon signed Rank tests.

**3.For Strav :**

Stav	Mean	SD	SE	Sum of all signed ranks	No of pairs	Z	P
<b>BT</b>	0.5	0.6822	0.1266	78	12	3.0594	≤ 0.05
<b>AT</b>	0.1	0.3051	0.0566				
<b>Diff</b>	0.4	0.3771	0.0700				

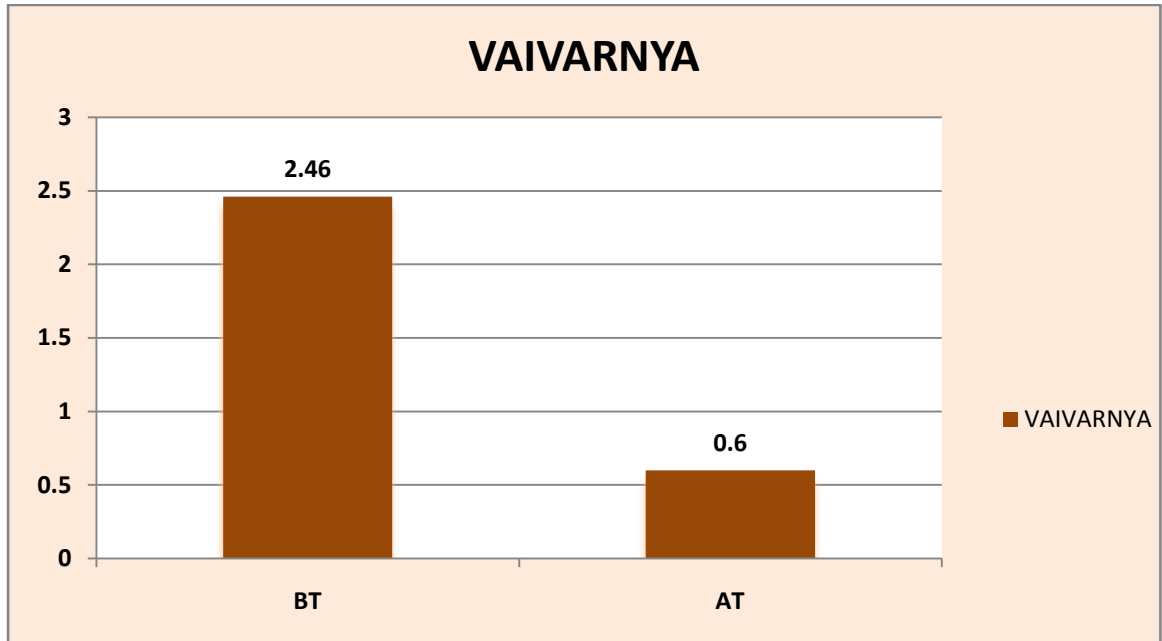


Mean grading of symptom strav reduced from 0.5 to 0.1 after treatment. Sum of all signed ranks is 78. The number of pairs is 12. Z value is 3.0594 which is statistically significant at 0.05 as indicated by Wilcoxon signed Rank tests.



**4. For Vaivarnya :**

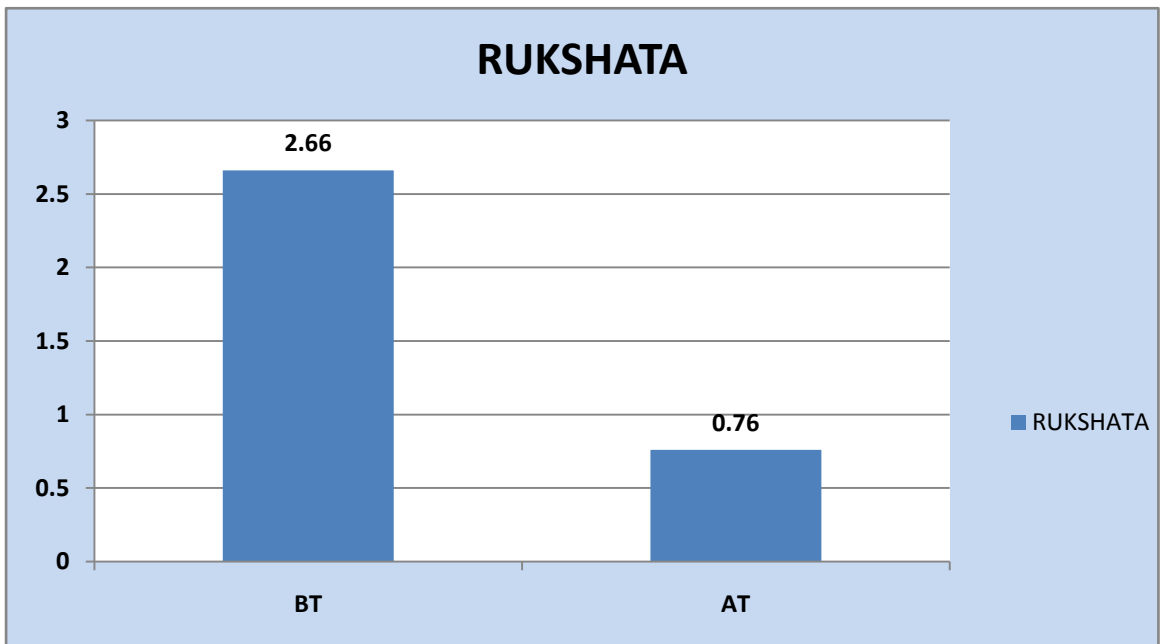
Vaivarnya	Mean	SD	SE	Sum of all signed ranks	No of pairs	Z	P
<b>BT</b>	2.4666	0.7302	0.1356	465	30	4.7821	≤ 0.05
<b>AT</b>	0.6	0.4982	0.0925				
<b>Diff</b>	1.8666	0.2320	0.0431				



Mean grading of symptom vaivarnya reduced from 2.4666 to 0.6 after treatment. Sum of all signed ranks is 465. The number of pairs is 30. Z value is 4.7821 which is statistically significant at 0.05 as indicated by Wilcoxon signed Rank tests.

**5. For Rukshata :**

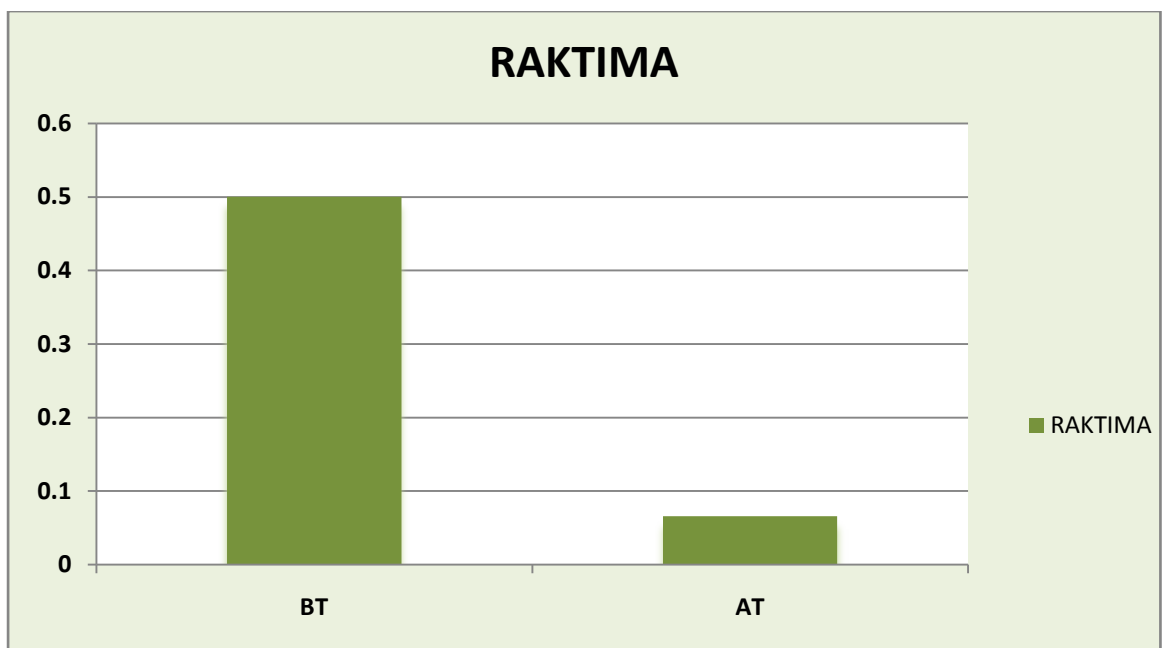
Rukshata	Mean	SD	SE	Sum of all signed ranks	No of pairs	Z	P
<b>BT</b>	2.6666	1.1547	0.2144	351	26	4.4573	≤ 0.05
<b>AT</b>	0.7666	0.6260	0.1162				
<b>Diff</b>	1.9000	0.5287	0.0982				



Mean grading of symptom rukshata reduced from 2.6666 to 0.7666 after treatment. Sum of all signed ranks is 351. The number of pairs is 26. Z value is 4.4573 which is statistically significant at 0.05 as indicated by Wilcoxon signed Rank tests.

**6. For Raktima :**

<b>Raktima</b>	<b>Mean</b>	<b>SD</b>	<b>SE</b>	<b>Sum of all signed ranks</b>	<b>No of pairs</b>	<b>Z</b>	<b>P</b>
<b>BT</b>	0.5	0.6297	0.1169	91	13	3.1798	≤ 0.05
<b>AT</b>	0.6666	0.2537	0.0471				
<b>Diff</b>	0.4334	0.3760	0.0698				



Mean grading of symptom raktima reduced from 0.5 to 0.6666 after treatment. Sum of all signed ranks is 91. The number of pairs is 13. Z value is 3.1798 which is statistically significant at 0.05 as indicated by Wilcoxon signed Rank tests.

**7. Daha :-**

Dahalakshana was not found in any patient so no statistical analysis done.

**8. Ruja :-**

Rujalakshana was not found in any patient so no statistical analysis done.

**9. Shotha:-**

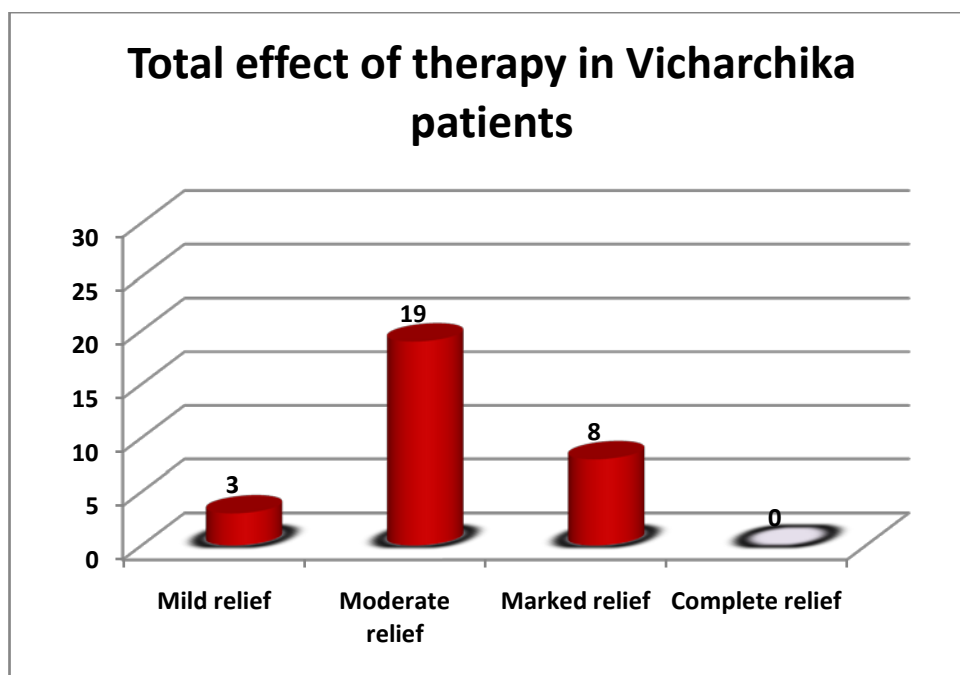
Shothalakshana was not found in any patient so no statistical analysis done.

**Total effect of therapy in 30 patients of Vicharchika :**

Sr. no.	Symptom score			Avg % of relief in signs	Remark
	BT	AT	Diff		
1	13	4	9	69.23%	Moderate relief
2	9	1	8	88.88%	Marked relief
3	10	3	7	70%	Moderate relief
4	10	2	8	80%	Marked relief
5	10	2	8	80%	Marked relief
6	13	3	10	76.92%	Marked relief
7	11	2	9	81.81%	Marked relief
8	12	4	8	66.66%	Moderate relief
9	14	5	9	64.28%	Moderate relief
10	12	5	7	58.33%	Moderate relief
11	10	3	7	70%	Moderate relief
12	10	3	7	70%	Moderate relief
13	14	2	12	85.71%	Marked relief
14	10	2	8	80%	Marked relief
15	10	4	6	60%	Moderate relief
16	12	6	6	50%	Mild relief
17	10	4	6	60%	Moderate relief
18	13	3	10	76.92%	Marked relief
19	13	4	9	69.23%	Moderate relief
20	10	4	6	60%	Moderate relief
21	10	3	7	70%	Moderate relief
22	11	4	7	63.63%	Moderate relief
23	9	3	6	66.66%	Moderate relief
24	13	7	6	46.15%	Mild relief
25	13	4	9	69.23%	Moderate relief
26	15	8	7	46.66%	Mild relief
27	13	6	7	53.84%	Moderate relief
28	13	4	9	69.23%	Moderate relief
29	8	3	5	62.5%	Moderate relief
30	14	5	9	64.28%	Moderate relief

**Table showing total effect of therapy in 30 patients of Vicharchika**

Sr. no.	Total effect of therapy on sign	No of patients	percentage
1	Mild relief	3	10%
2	Moderate relief	19	63.33%
3	Marked relief	8	26.66%
4	Complete relief	0	0

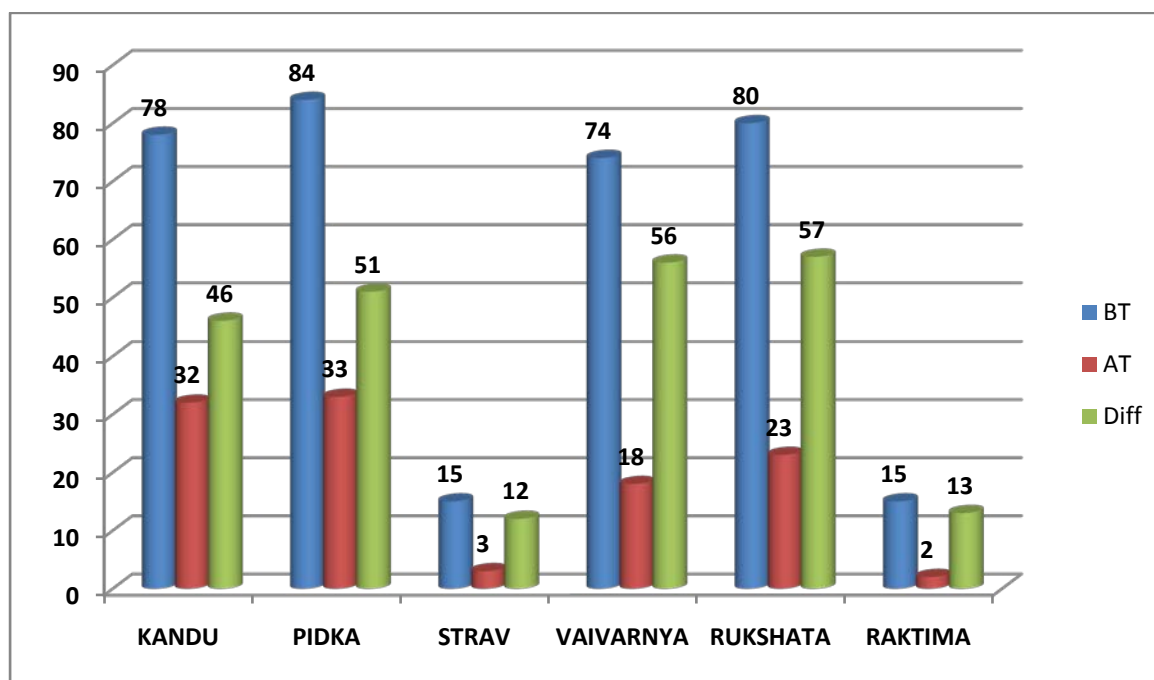


In present study out of 30 patients of Vicharchika 3 (10%) patients had mild relief, 19 (63.33%) patients had moderate relief. 8 (26.66%) patients had marked relief.

After treatment absence of all 9 signs & symptoms is complete relief. Absence of 6.75 signs & symptoms is marked relief. Absence of 4.5 to 6.75 signs & symptoms is moderate relief. Absence of 2.25 to 4.5 signs & symptoms is mild relief. Presence of all the signs & symptoms is no relief. It is also measured according to 0 to 4 gradations scoring as described before.

**General features of disease observed in the study :**

Sr. no.	Symptoms & Signs	BT Score	AT Score	Difference	Percentage
1	Kandu	78	32	46	58.97
2	Pidka	84	33	51	60.71
3	Stav	15	3	12	80
4	Vaivarnya	74	18	56	75.67
5	Rukshata	80	23	57	71.25
6	Raktima	15	02	13	86.66
7	Daha	0	0	00	00
8	Ruja	0	0	00	00
9	Shoth	0	0	00	00



## **Mechanism of Action of the Drug :**

### **Samprapti of Vicharchika**

Vicharchika word elaborates as 'Visheshtah charate Adhi Eyate Arya Sakandu kshaelna Pidika swrupena charmani upari Vicharchika'. This denotes eruption over skin with pruritus. This Vicharchika is a skin lesion with itching, pustules, darkness of skin & profuse oozing. Some scholars described it as marked lining. Intence itching, pain & dry lesion. While others described it as multiple pin headed eruption with ulceration.

Causitive factors of Vicharchika includes Dietary components such as viruddha ahara, mithya ahar etc.. Other components such as Vegavidharna, sudden interchange between hot & cold enviornments, execessive excersize etc.. External factors like excessive exposure to sunlight, contact with allergents also causes Vicharchika.

Purwa roopa or pre symptoms includes Swedadhikya, Asveda, Paryushya, Atishalakshnat, Vaivarnya, Kandu, Toda, Supata, Paridaha. Moajor symptoms of Vicharchika are kandu, pidika, Vaivarnya & strava.

Out of causative agents, Dietary components causes Tridoshprakop especially of pitta & kapha. Other causative fators like Vegavrodha. Panchakarma apahar etc. causes khavaigunya. Due to khavaigunya & dosh prakop mainly of kapha & pitta, thsesse doshas spread through rasayanis. This is called prasar. Then these doshas vitiated sthanas & dhatus like rasa, rakta, mamsa, tvaka. This further leads to Vicharchika vaydhi & causes its vyakti.

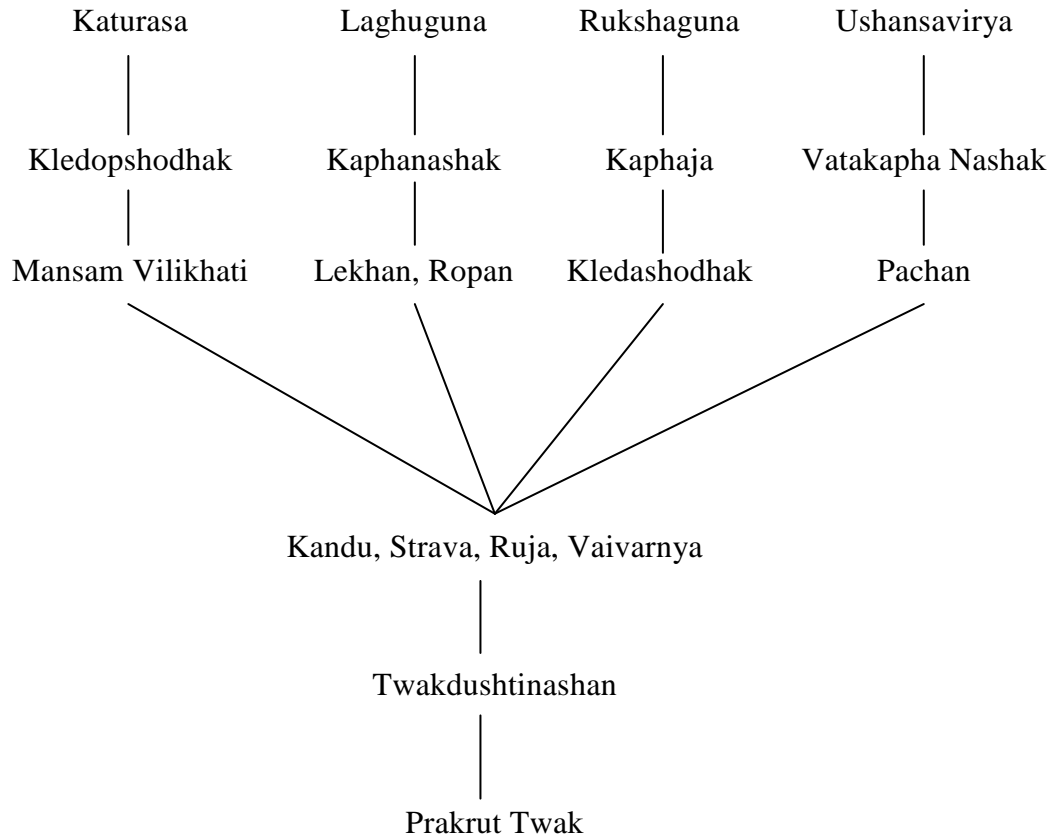
### **Samprapti vighatanby Chakramarda Ointment**

Chakramarda has Katu & Tikta Rasa, Gunas of Chakramarda are laghu, Ruksha & Tikshna. Virya of Chakramarda is ushna & vipaka is katu. Mahabhuta of Chakramarda consist of Tej, Vayu & Akash Mahabhuta.

Topical Action of Chakramarda on Vicharchika is mainly due to katu rasa. Katu Rasa acts on kleda as kledopashoshan, thus reduces strava in Vicharchika. Katu Rasa also acts on mamsa as it's action of lekhan on mamsa dhatu thus reducing utsedha in pidka. Ruksha Guna also acts same way & Ushana Virya katu rasa is said to be kandughna, thus reducing kandu which is major symptom. Tikta rasa said to be kushthaghna thus acting on skin diseases. Component of ointment is Tiltaila which is said to be Tvachya by Charak. Hence it gives nourishment & oleation to skin & reduces dryness. It also has sukshma Guna so penetrates micro-channels of skin & enhance the action of Chakramarda in Vicharchika.



## Samprapti vighatan by Chakramarda Ointment in flow chart



### Total effect of Therapy :

Total effect of therapy has been evaluated in terms of complete relief, marked relief, moderate relief, mild relief and no relief.

In present study out of 30 patients of Vicharchika 3 ( 10%) patients had mild relief, 19 ( 63.33%) patient had mederate relief. 8 (26.66%) patients had marked relief.

This shows that application of Chakramarda Ointment is effective in relieving signs & symptoms of Vicharchika Vyadhi in 6 Weeks. Loger duration assesment is required for that. But these effects definitely give us hope in cure of Vicharchika Vyadhi.

## **SUMMARY**

## Summary

The present dissertation entitled has been specially undertaken to define and evolve Vicharchka Vyadhi and treatment of it by external application of Chakramarda ointment has been disposed into eight sections viz. introduction, review of literature, aims and objectives, materials and methods, observations and results, discussion and conclusions, present section dealing with Summary.

A brief introduction to subject is given in beginning. Second Section gives clear idea about Aims and objectives of the Study.

The review of literature is divided in to two parts, the first part deals with historical aspects of the Vicharchika, the second part presents general description of Tvacha, Sharir and Karma Varnavichar, Kshudraroga review. Vicharchika Vyadhi Nidaan Panchak. Third part deals with Drug Review. Fourth chapter deals with materials and methods it contains, inclusion and exclusion criteria of diagnosis. Methods of preparation of drug ie. Chakramarda ointment criteria for assessment of total effect of therapy was explained.

After permission of ethical committee, we have selected 30 patients of Vicharchika Vyadhi for this Study irrespective of age, sex, religion and socioeconomic status. These patients were examined as per the case record form.

Fifth section contain observation and analysis of data viz, age, sex, marital status, religion, prakruti etc. and its graphical presentation. Appropriate statistical test was applied. i.e. Wilcoxon signed rank test applied for objective data i.e. for sign score.

Sixth section contains discussion about the obtained results. Seventh Section deals with ongoing summary of whole study. Eight Section will give conclusions of the study. Ninth Section Bibliography will be attached.

Tenth Section naming Annexure deals with CRF, Reference, Abbreviations and master charts.

## **CONCLUSION**

## Conclusion

This study of Clinical Evaluation of Chakramarda Ointment done in previous sections. Now in this section conclusions are drawn. Which are based on introduction review of literature observations and results. Statistical analysis and discussions done in previous sections.

Vicharchika is a Kapha Pradhan Kshudra Kushta. It is bahymargaga Vyadhi. Vicharchika can be co-related with Eczema disease of allopathic medicine.

I have studied 30 patients of Vicharchika Vyadhi which are described as our plan of study Chakramarda Ointment has significant action on affected area of Vicharchika. Also effective in Kandu and Rukshata. Patches of Vaivarnya also got reduced by Chakramarda Ointment.

In present study out of 30 patients of Vicharchika Vyadhi 8 Patients (26.66%) had marked relief. 19 patients (63.333%) had moderate relief. In 3 patients (10%) mild relief was observed. Willcoxon signed rank test was applied to see the effect of therapy on signs and it was found significant relief in signs of Vicharchika. So we can conclude that Chakramarda Ointment is effective in relieving signs of Vicharchika Vyadhi.

Though the result of study encouraging it was carried out with small sample size with 30 patients. It needs more excessive work in future. There is still wide scope to study Vicharchika and Chakramarda Ointment.

By taking all facts in to consideration it can be Conclude that Chakramarda Ointment is effective in Vicharchika Vyadhi.

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**ANNEXURE**

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1. AÉrÉÑ: MüÉqÉrÉqÉÍÉáÍÉ kÉqÉÉÍjÉíxÉÑZÉxÉÉkÉÍÉqÉç |  
AÉrÉÑuÉäiSÉámÉSázÉáwÉÑ ìuÉkÉárÉ: mÉUqÉÉSÜ: ||  
(A.xÉÇ.xÉÔ.1/2)
2. xÉMühQÕû: ìmÉQûMüÉ zrÉÉuÉÉ oÉWÒûxÉëÉuÉÉ  
ìuÉcÉÍcÉiMüÉ |(cÉ.ÍcÉ.7/26)
3. UÉerÉÉáÀiÉMühQèuÉiÉiÁeÉÈ xÉÃpÉÉ pÉuÉÍliÉ aÉÉŞÉáwÉÑ  
ìuÉcÉÍcÉiMüÉrÉÉqÉç|  
MühQÕûqÉiÉi SÉWûÁeÉÉámÉmÉ³ÉÉ ìuÉmÉÉÌSMüÉ  
mÉÉSaÉiÉárÉqÉáuÉ ||(xÉÑ.ìÉ.5/13)
4. ÍxjÉUÇ xirÉÉÍÉÇ aÉÑÁ ÍxÍEakÉÇ µÉäiÉUËüqÉÍÉÉZÉÑaÉqÉç |  
AÍrÉÉáÍrÉÉxÉÉËüqÉÑixÉ³ÉÇoÉWÒûMühQÕûxÉëÑiÉiçüqÉi ||  
zsÉphÉmÉiÉÉpÉmÉrrÉiÍÉÇ qÉhQûsÉÇ mÉËUqÉhQûsÉqÉç |  
xÉMühQÕûìmÉOûMüÉzrÉÉuÉÉsÉxÉiMüÉžÉ ìuÉcÉÍcÉiMüÉ ||  
(A.xÉÇ.ìÉ.14/11-12)
5. xÉMühQÕûìmÉÌOûMüÉzrÉÉuÉÉ sÉxÉiMüÉžÉ ìuÉcÉÍcÉiMüÉ ||  
(A.¾.ìÉ.14/18)
6. zrÉÉqÉsÉÉàÌWûiÉuÉÉhÉuÉáSIÉÉxÉëÉuÉmÉÉMüuÉiÉi  
ìuÉcÉÍcÉiMüÉ ||(MüÉ.ÍcÉ.9/2)
7. zrÉÉuÉÉ UËüÉ xÉqÉÑimÉ³ÉÉ mÉëÍYsÉ³ÉÉ xÉëÉìuÉhÉi iÉjÉÉ |  
qÉÉÇxÉáÍÉÉámÉÍcÉiÉÉ rÉÑËüÉ ìuÉ¥ÉárÉÉ xÉÉ  
ìuÉcÉÍcÉiMüÉ||(pÉásÉ.ÍcÉ.6/26)
8. xÉUËüuÉÉiÉMÑùìmÉiÉáÍÉ eÉÉiÉÉ iÉjÉæuÉ  
ìuÉxTüÉáOûMüxÉÍ³ÉpÉÉ uÉÉ |  
iÉjÉÉmÉUÇ iÉÉqÉ oÉWÒûuÉëhÉÇ cÉxÉÔpÉqÉÉ cÉ xÉÉ  
xÉÑìuÉiSiÉÉ iÉUxrÉ ||  
MühQÕûìuÉcÉcÉiipÉÑuÉiÉá mÉëiÉiÉÉ µÉäiÉÉìÉ  
xÉÔpÉqÉÉÍhÉcÉ mÉÉOûsÉÉìÉ |  
ìuÉxÉmÉiÉá rÉxrÉ iÉUxrÉ UËçü rÉÑuÉÉ iÉü MäüiÉÉìmÉ  
pÉuÉáŠ ÍxÉkSÈ||  
(WûÉ.xÉÇ.iÉxiÉiÉrÉxjÉiÉ 39/11-12)

9. xÉMühQÕû: ìmÉQûMüÉ zrÉÉuÉÉ oÉWÒûxÉëÉuÉÉ ìuÉcÉÍcÉiMüÉ || (qÉÉ.ìÉ.49/23)
10. sÉæÉhÉmÉëqÉÉhÉÉprÉÉÇ uÉxiÉÑÍxÉ®iÈ |
11. iuÉcÉç xÉÇuÉUhÉà|
12. iuÉcÉìiÉ xÉÇìuÉèrÉiÉå SãWûÉå AIÉrÉÉ iuÉcÉìiÉ xÉuÉxhÉÉåìiÉ SãWûqÉç|
13. xmÉzÉÿaÉëÉWûMäü oÉÉ½åÇìSìrÉå pÉåSå xÉÉ cÉ SãWûurÉÉìmÉìiÉ iuÉÍcÉ ÌxjÉìiÉ xÉÔæqÉÉÈ uÉÉrÉÉåÈ xÉiuÉÉÇzÉåìÉÉåmÉmÉ³ÉÉ uÉÉiÉÍkÉ,ÉiÉx SâuÉiÉÉÈ ||
14. SìurÉÉkrÉæÉåiuÉcÉÉrÉÉåaÉÉå qÉÍÉxÉÉ æÉÉÍMüÉUhÉqÉç |
15. AxÉxeÉÈ mÉcrÉqÉÉiÉxrÉ wÉOèû iuÉcÉÉå pÉuÉîliÉ |(A.xÉÇ.zÉÉ.5/24)
16. qÉÉÇxÉÉ²xÉÉ iuÉcÉÈ wÉOèû cÉ qÉåSxÉÈ xIÉÉrÉÑxÉÇpÉuÉÈ ||( cÉ.ÍcÉ.15/16-17)
17. ----rÉÉìiÉ cÉÉxrÉ qÉÉiÉxiÉÈ xÉÇpÉuÉiÉÈ xÉÇpÉuÉîliÉ iÉÉlrÉiÉÑurÉÉZrÉÉxrÉÉqÉÈ iÉ±jÉÉ -iuÉMçü cÉ sÉÉåìWûiÉÇ cÉ qÉÉÇxÉÇ cÉ ----- uÉmÉÉuÉWûiÉÇ cÉåìiÉ||(cÉ.zÉÉ.3/6)
18. SìurÉqÉåuÉ UxÉÉSiÉÉÇ ´Éå,Ç iÉå ÌWû iÉSÉ ´ÉrÉÉÈ| mÉgcÉpÉÔiÉÉiqÉMÇüiÉ´ÉÑ æqÉÉqÉÍkÉ,ÉrÉ eÉÉrÉiÉå|| (A.¾.xÉÔ.9/1)
19. xÉMühQÕ: ìmÉQûMüÉ zrÉÉuÉÉ oÉWÒûxÉëÉuÉÉ ìuÉcÉÍcÉiMüÉ | (cÉ.ÍcÉ.7/26, qÉÉ.ìÉ.49/23,pÉÉ.mÉë.qÉ.ZÉÇ.54/26)
20. xÉMühQÕû ìmÉìOûûMüÉ zrÉÉuÉÉ sÉxÉiMüÉzÉ ìuÉcÉÍcÉiMüÉ ||(A.¾û.ìÉ.14/18)
21. UÉerÉÉåÀiÉMühQèuÉìiÉiÁeÉÈ xÉÃæÉÉ pÉuÉîliÉ aÉÉŞÉåwÉÑ ìuÉcÉÍcÉiMüÉrÉÉqÉç| MühQÕûqÉiÉi SÉWûÁeÉÉåmÉmÉ³ÉÉ ìuÉMÉÉìSMüÉ mÉÉSaÉiÉårÉqÉåuÉ ||(xÉÑ.ìÉ.5/13)
22. zrÉÉqÉsÉÉåìWûiÉuÉéhÉuÉåSIÉÉxÉëÉuÉmÉÉMüuÉiÉi ìuÉcÉÍcÉiMüÉ ||(MüÉ.ÍcÉ.9/2)
23. xÉU£üuÉÉiÉMÑüìmÉiÉåìÉ eÉÉiÉÉ iÉjÉæuÉ ìuÉxTüÉåOûMüxÉi³ÉpÉÉ uÉÉ |

iÉjÉÉmÉUÇ IÉÉqÉ oÉWÒùuÉèhÉÇ cÉxÉÔαqÉÉ cÉ xÉÉ  
xÉÑìuÉ`SiÉÉ IÉUxrÉ ||

MühQÕùluÉcÉcÉÏpÉÑuÉÍÉà mÉèiÉiÉÉ μÉàiÉÉÌÉ  
xÉÔαqÉÉÍhÉcÉ mÉÉOûsÉÉÌÉ |

ìuÉxÉmÉiÉà rÉxrÉ IÉUxrÉ UŁÇü rÉÑuÉÉ IÉü MåüIÉÉÌmÉ  
pÉuÉàŠ ÍxÉkSÈ||

(WûÉ.xÉÇ.iÉxiÉÏrÉxjÉÉÍÉ 39/11-12)

24. zrÉÉuÉÉ UŁüÉ xÉqÉÑimÉ³ÉÉ mÉèÏYsÉ³ÉÉ xÉëÈìuÉhÉÏ iÉjÉÉ |  
qÉÉÇxÉàIÉÉàmÉÍcÉiÉÉ rÉÑŁüÉ ìuÉ¥ÉàrÉÉ xÉÉ ìuÉcÉÍcÉÏMüÉ||  
(pÉàsÉ.ÍcÉ.6/26)

25. iÉxrÉ EmÉsÉÏokÉ:  
ÌIÉSÉIÉmÉÔuÉíÀmÉÍsÉÇaÉÉàmÉzÉrÉxÉÇmÉëÉÌmiÉiÉÉ  
||(cÉ.ÌÉ.1/6)

26. xÉàliÉMüiÉiurÉiÉÉMüÈ UÉàaÉÉàimÉÉSMüWâuiÉÑÌIÉÏSÉIÉqÉÇ  
||(qÉÉ.ÌÉ.1,qÉkÉÑMüÉàzÉ OüÏMüÉ)

27. iÉŞÉàSÇ xÉuÉíMÑü, ÌIÉSÉIÉÇ xÉqÉÉxÉàIÉÉàmÉSàprÉÉqÉÈ -  
zÉÏiÉÉàwhÉurÉirÉÉxÉqÉIÉÉÍÉÑmÉÔurÉÉàimÉxÉàuÉqÉÉIÉxrÉ  
iÉjÉÉ xÉliÉmÉihÉÉmÉiÉmÉihÉÉprÉuÉWûÉrÉiurÉirÉÉxÉÇ,  
qÉkÉÑTüÉÍhÉiÉqÉixrÉsÉMÑüçqÉÔsÉMüMüÉMüqÉÉcÉÍÈ  
xÉiÉiÉqÉìiÉqÉÉŞÉqÉeÉihÉàï cÉ xÉqÉziÉiÉÈ , ÍcÉÍsÉÍcÉqÉÇ cÉ  
mÉrÉxÉÉ,  
WûÉrÉIÉMürÉuÉMüçÉÌIÉMüÉà-ÉsÉMüMüÉàUSÕwÉmÉëÉrÉÉÍhÉ  
cÉÉ³ÉÉÌÉ

αÉÏUSÍkÉiÉçüMüÉàsÉMÑüsÉijÉqÉÉwÉÉiÉxÉíMÑüxÉÑqpÉxIÉàW  
ûuÉÏliÉ, LiÉæUâuÉÉìiÉqÉÉŞÉÇ xÉÑìWûiÉxrÉ cÉ

urÉuÉÉrÉurÉÉrÉÉqÉxÉliÉÉmÉÉIÉirÉÑmÉxÉàuÉqÉÉIÉxrÉ,  
pÉrÉ´ÉqÉxÉliÉÉmÉÉàmÉWûiÉxrÉ cÉ xÉWûxÉÉ

zÉÏiÉÉàSMüqÉuÉiÉUíÉÈ, ìuÉSakÉÇ

cÉÉWûÉUeÉÉiÉqÉIÉÑÏssÉZrÉ ìuÉSÉWûÏlrÉprÉuÉWûUíÉÈ,  
NûÌSÏÇ cÉ mÉèliÉbIÉiÉÈ, xIÉàWûÉÇ¶ÉÉliÉcÉUíÉÈ, ŞÉrÉÉà

SÉàwÉÉ rÉÑaÉmÉiÉÇ mÉëMüÉàmÉqÉÉmÉ±liÉà;

iuÉaÉÉSrÉ¶ÉiuÉÉUÈ zÉæÍjÉsrÉqÉÉmÉ±liÉà, iÉàwÉÑ

ÍzÉÍjÉsÉàwÉÑ SÉàwÉÉÈ mÉëMÑüÌmÉiÉÉÈ xjÉÉIÉqÉÍkÉaÉqrÉ

xÉÎliÉ,qÉÉIÉÉxiÉÉIÉâuÉ iuÉaÉÉSÏIÉÇ SÕwÉrÉIliÉÈ  
MÑü,ÉIrÉÍpÉÌIÉuÉÏÉrÉÎliÉ | (cÉ.ÌIÉ.5/6)

28. MÑü, UÉâaÉ WâûiÉÑ  
ÍqÉjrÉÉWûÉUìuÉWûÉUâhÉ ìuÉzÉâwÉâhÉ ìuÉUÉâÍkÉIÉÉ|  
xÉÉkÉÑÌìúÉISÉuÉkÉÉIrÉxuÉWûhÉÉ±zcÉ xÉâìuÉIÉâ ||  
mÉÉmqÉÍpÉ: MüqÉÍÍpÉ: xÉ±:mÉëÉ£üIÉâËUíÉÉ qÉsÉÉ: ||  
(A.xÉÇ.ÌIÉ.14/1)  
mÉëxÉÇaÉÉIÉÇ aÉÉŞÉxÉÇxmÉzÉÉÏIÉÇ ÌIÉµÉÉxÉÉIÉÇ  
xÉWûpÉÉâeÉIÉÉIÉÇ |  
LMüzÉrrÉÉxÉIÉÉIÉÇcÉÉÌmÉ uÉxŞÉqÉÉsrÉÉIÉÑsÉâmÉIÉÉIÉÇ ||  
MÑ , euÉU¶É zÉÉâwÉzcÉ IÉâŞÉÉÁÍpÉwrÉÇS LuÉ cÉ ||  
AÉæmÉxÉÌaÉÏMü UÉâaÉÉ´cÉ xÉÇøüÉqrÉÎliÉ IÉU³ÉUqÉÇ||  
(rÉÉâaÉU!ÉÉMüU 7/8)
29. ---mÉëÉaÉëÖmÉÇ rÉâIÉ sÉ±rÉIÉâ | EimÉÌ´ÉxÉÑUÉqÉrÉÉâ  
SÉâwÉìuÉzÉâwÉâhÉÉIÉÍkÉÌ,iÉÈ || (A.¾û.ÌIÉ.1/3-4)
30. xjÉÉIÉxÉÇ´ÉÌrÉIÉÈ øÑüKsÉÈ pÉÉìuÉurÉÉÍkÉmÉëoÉÉâkÉMüqÉÇ  
|  
SÉâwÉÉ: MÑüuÉÏliÉ rÉÍsÉ...Ç mÉÑuÉiÂmÉÇ iÉSÒcrÉIÉâ  
||(qÉÉ.ÌIÉ.1/6, qÉkÉÑMüÉâzÉ OûÍMüÉ)
31. AxuÉâSIÉqÉÌiÉxuÉâSIÉÇ mÉÉÂwrÉqÉÌiÉzsÉ±hÉIÉÉ uÉæuÉhrÉiÇ  
MühQÕùÌIÉixiÉÉâSÈ xÉÑmiÉIÉÉ mÉÉUSÉWûÈ mÉËUWûwÉÉâi  
sÉÉâqÉWûwÉiÈ zÉUiuÉqÉÔwqÉÉrÉhÉÇ aÉÉæUuÉÇ  
µÉrÉjÉÑuÉÏixÉmÉÉiaÉqÉIÉqÉpÉÏ±hÉÇ cÉ MüÉrÉâ  
MüÉrÉÎcNûSìâwÉÔmÉSâWûÈ  
mÉYuÉSakÉS¹pÉaIÉ±ÉIÉÉâmÉxZÉÍsÉiÉâwuÉiÉqÉÉŞÉÇ  
uÉâSIÉÉ xuÉsmÉÉIÉÉqÉÌmÉ cÉ uÉëhÉÉIÉÉÇ  
SÒÌ¹UxÉÇUÉâWûhÉÇ cÉâIiÉ (cÉ.ÌIÉ.5/7)
32. iÉxrÉ mÉÔuÉiÂmÉÉÍhÉ  
iuÉYmÉÉÂwrÉqÉMüxqÉÉSìÉâqÉWûwÉiÈ MühQÕùÈ  
xuÉâSoÉÉWÔûsrÉqÉxuÉâSIÉÇ (xÉÑ.ÌIÉ.5/4)
33. iÉSâuÉurÉ£üiÉÉÇ rÉÉIÉÇ ÂmÉÍqÉirÉÍpÉkÉÏrÉIÉâ |  
xÉÇxjÉÉIÉÇurÉÇeÉIÉÇ ÍsÉ...Ç sÉ±ÉhÉÇ ÍcÉIwûqÉÉMxüIÉ ||  
(qÉÉ.ÌIÉ.1/7)

34. xÉMühQÖ: ÌmÉQûMüÉ zrÉÉuÉÉ oÉWÒûxÉëÉuÉÉ ÌuÉcÉÍcÉiMüÉ  
|(cÉ.ÍcÉ.7/26)
35. xÉMühQÖûÌmÉÌOûMüÉzrÉÉuÉÉ sÉxÉiMüÉžÈÌuÉcÉÍcÉiMüÉ  
|(A.¾û.ÌÉ.14/18)
36. UÉerÉÉÅÀiÉMühQèuÉiÉiÁeÉÈ xÉÃpÉÉ pÉuÉiIÉ aÉÉŠÉåwÉÑ  
ÌuÉcÉÍcÉiMüÉrÉÉqÉç|  
MühQÖûqÉiÉi SÉWûÁeÉÉåmÉmÉ³ÉÉ ÌuÉmÉÉÌSMüÉ  
mÉÉSaÉiÉårÉqÉåuÉ || (xÉÑ.ÌÉ.5/13)
37. zrÉÉqÉsÉÉåÌWûiÉuÉèhÉuÉåSIÉÉxÉëÉuÉmÉÉMüuÉiÉi  
ÌuÉcÉÍcÉiMüÉ ||(MüÉ.ÍcÉ.9/2)
38. zrÉÉuÉÉ UÉüÉ xÉqÉÑimÉ³ÉÉ mÉëÏysÉ³ÉÉ xÉëÈÌuÉhÉi iÉjÉÉ |  
qÉÉÇxÉåIÉÉåmÉÍcÉiÉÉ rÉÑ£üÉ ÌuÉ¥ÉårÉÉ xÉÉ  
ÌuÉcÉÍcÉiMüÉ|| (pÉåSÉ. ÍcÉ.6/26)
39. xÉU£üuÉÉiÉMÑûÌmÉiÉåIÉ eÉÉiÉÉ iÉjÉæuÉ  
ÌuÉxTüÉåOûMüxÉi³ÉpÉÉ uÉÉ |  
iÉjÉÉmÉUÇ IÉÉqÉ oÉWÒûuÉèhÉÇ cÉxÉÔpÉqÉÉ cÉ xÉÉ  
xÉÑÌuÉÌSiÉÉ IÉUxrÉ ||  
MühQÖûÌuÉcÉcÉiPÉÑuÉiÉå mÉëiÉiÉÉ µÉaiÉÉÌÉ  
xÉÔpÉqÉÉÍhÉcÉ mÉÉOûsÉÉÌÉ |  
ÌuÉxÉmÉiÉå rÉxrÉ IÉUxrÉ U£Çü rÉÑuÉÉ IÉü MåüIÉÉÌmÉ  
pÉuÉåŠ ÍxÉkSÈ||  
(WûÉ.xÉÇ.iÉxiÉiRéxjÉÉIÉ 39/11-12)
40. uÉÉiÉÉSrÉxŠÉrÉÉå SÒ¹ÉxiuÉaÉë£Çü qÉÉÇxÉqÉqoÉÑ cÉ|  
SÖwÉrÉiIÉ xÉ MÑü,ÉIÉÉÇ xÉmiÉMüÉå SiurÉxÉÇaÉëWûÈ ||  
(cÉ.ÍcÉ.7/9)
41. ÍqÉjrÉÉWûÉUÉcÉÉUxrÉ ÌuÉzÉåwÉÉsè  
aÉÑÀÌuÉÂ®ÉxÉÉiqÉÉeÉiÉhÉÉiWûiÉÉÍzÉIÉÈ xIÉåWûmÉiÉiÉxrÉ  
uÉÉiÉxrÉ uÉÉ urÉÉrÉÉqÉaÉëÉqrÉkÉqÉixÉåÌuÉiÉÉå  
aÉëÉqrÉÉIÉÔmÉÉæSMüqÉÉÇxÉÉÌÉ uÉÉ  
mÉrÉxÉÉÉpÉiPhÉqÉziÉiÉÉå rÉÉå uÉÉ  
qÉ«irÉmxÉÔwqÉÉÍpÉiÉmiÉÈ xÉWûxÉÉ NùÌSiÇ uÉÉ  
mÉèiÉWûiIÉ, iÉxrÉ ÌmÉÉzsÉåwqÉÉhÉÉæ mÉëMÑûÌmÉiÉÉæ  
mÉÈUaÉx½ÉiÉsÉÈ mÉëuÉx®ÍxiÉrÉiaaÉÉÈ ÍxÉUÉÉ  
xÉqmÉëmÉ± xÉqÉÑ®ÖrÉ oÉÉ½Ç qÉÉaÉiÇ mÉèiÉ

xÉqÉliÉÉÍ²íᵂÉmÉìiÉ, rÉŞÉ rÉŞÉ cÉ SÉáwÉÉà ìuÉíᵂÉmiÉÉà  
ìiÉ¶ÉUìiÉ iÉŞÉ iÉŞÉ qÉhQûsÉÉìiÉ mÉöÉSÒpÉiuÉîiÉ, LuÉÇ  
xÉqÉÑimÉnÉxiuÉíCÉ SÉáwÉxiÉiÉ iÉiÉ cÉ mÉËUuÉxîkSÇ  
mÉöÉmrÉÉÉmÉèìiÉìçürÉqÉÉhÉÉàÉprÉliÉUÇ mÉèìiÉmÉ±iÉà  
kÉÉiÉÑiÉÍpÉSÕwÉrÉiÉç |(xÉÑ.ìiÉ.5/3)

42. ÍxÉUÉÈ mÉëmÉ± ìiÉrÉiaaÉÉxiuÉasÉxÉìMüÉxÉxaÉÉiqÉwÉqÉç |  
SÕwÉrÉîiÉ zsÉjÉìMxüirÉ ìiÉ´cÉUliÉxiÉiÉÉà oÉìWûÈ ||  
iuÉcÉÈ MÑüüÉîiÉ uÉæuÉhrÉiÇ SÒ¹ÉÈ MÑü, qÉÑzÉîiÉ iÉiÉç |  
(A.¾.ìiÉ.14/2-3)

43. ìuÉsÉrÉiÉÂmÉÉ uÉxî®È mÉöMüÉámÉÈ |(xÉÑ.xÉÔ.21/27,  
QûsWûhÉ OûîMüÉ)  
iÉáwÉÉÇ mÉöMüÉámÉÉiÉç  
MüÉà, iÉÉàSxÉÇcÉUhÉÉîqsÉMüÉìmÉmÉÉxÉÉmÉËUSÉWûÉ³ÉÉ²  
áwÉ¾SrÉÉàìYsÉàSÉ¶É eÉÉrÉliÉà| (xÉÑ.xÉÔ.21/27)

44. LuÉÇ mÉöMÑüìmÉiÉÉiÉÉÇ mÉöxÉUiÉÉÇ  
uÉÉrÉÉàìuÉiqÉÉaÉiaÉqÉiÉÉOûÉámÉÉæ,  
AÉáwÉcÉÉáwÉmÉËUSÉWûkÉÔqÉÉrÉiÉÉìiÉ ìmÉ´ÉxrÉ,  
AUÉácÉMüÉìuÉmÉÉMüÉ...aûxÉÉSÉzNûìSì¶ÉàìiÉ zsÉáwqÉhÉÉà  
ísÉ...aûÉìiÉ pÉuÉîiÉ, iÉŞÉ iÉxiÉîrÉÈ  
ìçürÉÉMüÉsÉÈ |(xÉÑ.xÉÔ.21/32)

45. AliÉmÉëuÉxì´ÉÈ xÉ...aÉÉà uÉÉ ÍxÉUÉhÉÉÇ aÉëljÉrÉÉàÀìmÉ  
uÉÉ|  
ìuÉqÉÉaÉiaÉqÉiÉÇ cÉÉìmÉ xÉöÉàìÉxÉÉÇ SÒ¹sÉᵂÉhÉqÉç  
||(cÉ.ìuÉ.5/24)

46. xÉuÉæiísÉi...æÉÑîçü qÉìiÉqÉÉiÉÇ ìuÉuÉeÉîrÉàSoÉsÉqÉç |  
iÉxwhÉÉSÉWûmÉUîiÉÇ zÉÉliÉÉîalÉÇ eÉliÉÑÍpÉeÉiakÉqÉç ||  
uÉÉiÉMütümÉöÉsÉÇ rÉ±SàMüSÉáwÉÉàsoÉhÉÇ iÉ iÉiÉç  
MxücdíqÉç |  
MütüìmÉ´É-uÉÉiÉìmÉ´ÉmÉöÉsÉÉìiÉ iÉÑ MxücdíxÉÉkrÉÉìiÉ  
||(cÉ.ÍcÉ.7/37,38)

47. cÉiÉÑhÉÉiÇ ÍpÉwÉaÉÉSìiÉÉÇ zÉxiÉÉiÉÉÇ kÉÉiÉÑuÉæMxüiÉà |  
mÉöuÉxì´ÉkÉÉîiÉÑxÉÉqrÉÉjÉÉi ÍcÉìMüixÉàirÉÍpÉkÉîrÉiÉà  
||(cÉ.xÉÔ.9/5)

48. uÉÉiÉÉâ"ÉUáwÉÑ xÉìmÉiüÉiÉqÉiÉÇ zÉáwqÉÉâ"ÉUáwÉÑ  
MÑü,áwÉÑ |  
ìmÉiÉÉâ"ÉUáwÉÑ qÉÉâÉÉâ U£üxrÉ ìuÉUácÉiÉÇ cÉÉaÉèâ ||  
(cÉ.ÍcÉ.7/39)
49. sÉbÉÔiÉ cÉÉ³ÉÉiÉ ìWúíÉÉiÉ ìuÉ±ÉiÉÇ MÑü,áwÉÑ zÉÉMüÉiÉ  
cÉ ìiÉ£üMüÉiÉ |  
pÉssÉÉiÉMæüÈ xÉì§ÉTüsÉæÈ xÉiÉqoÉærÉÑi£üÉiÉ cÉÉ³ÉÉiÉ  
bÉxiÉÉiÉ cÉæuÉ ||  
mÉÑUÉhÉkÉÉlrÉÉlrÉjÉ eÉÉ...aûsÉÉiÉ qÉÉÇxÉÉiÉ qÉÑªÉ¶É  
mÉOûÉâsÉrÉÑ£üÉÈ |  
zÉxiÉÉ, iÉ aÉÑuÉiÉqsÉmÉrÉÉâSkÉiÉ iÉÉiÉÔmÉqÉixrÉÉ iÉ  
aÉÑQûîxiÉsÉÉ¶É ||  
(cÉ.ÍcÉ.7/82-83)

### References- Drug Review

1. pÉÉaÉæMÇü ìuÉqÉsÉÇ íxÉYjÉÇ iÉæÉiÉÑ UxÉpÉÉìáÉMüqÉ |  
AÉSÉrÉ uÉ...jûÍsÉmiÉÉrÉÉÇ xjÉÉísÉMüÉrÉÉÇ ìiÉkÉÉmÉrÉâiÉ ||  
mÉcÉâ"ÉÉuÉiÉqÉiÉSuÉ»ûÉæ rÉÉuÉíxÉYjÉÇ SiuÉiÉpÉuÉâiÉ |  
xjÉÉísÉMüÉqÉjÉ rÉiÉâiÉ kÉUhrÉÉqÉuÉiÉÉUÉrÉâiÉ ||  
iÉÉuÉimÉëcÉÉsÉrÉâ-urÉÉi rÉÉuÉuÉæliÉ mÉæaÉÉRûiÉÉqÉ |  
íxÉYjÉiÉæÉxÉqÉÉrÉÉâaÉÉíxÉYjÉiÉæÉiÉqÉÇ xqÉxiÉqÉ || -  
UxÉiÉUÇìáÉhÉi 4/59-61
2. pÉÉaÉæMÇü ìuÉqÉsÉÇ íxÉYjÉÇ iÉæÉiÉÑ zÉUpÉÉìáÉMüqÉÇ |  
mÉÔuÉÉâiÉ-¹ìuÉkÉÉiÉâiÉç mÉcÉâSiÉxÉìuÉzÉÉUS: ||62||  
eÉÉrÉiÉâ iÉuÉiÉiÉÉpÉÇ rÉÉqÉÇ SurÉÉi mÉëcÉÉísÉiÉqÉÇ |  
UxÉ¥Éæ: MüÐliÉiÉiÉqÉÇ íxÉYjÉiÉæÉÇ ìiÉiÉrÉMüqÉÇ ||63|| -  
UxÉiÉUÇìáÉhÉi 4/62-63
3. AÉ±Ç iÉÑ zÉiÉxÉqÉrÉâ aÉëiwqÉiÉÉæi iÉÑ ìiÉiÉrÉMüqÉÇ |  
íxÉYjÉiÉæÉÇ qÉsÉWûUmÉërÉÉâaÉáwÉÑ ìiÉrÉÉæÉrÉâiÉÇ  
||64|| - UxÉiÉUÇìáÉhÉi 4/64
4. UxÉmÉÑwmÉ qÉsÉWûU



UxÉmÉÑwmÉÇ cÉiÉÑaÉÑigeÉÇ qÉàsÉrÉà´ÉÉàsÉMüÉàÎlqÉiÉà |  
æÉÍsÉiÉà IÉuÉIÉiÉà iÉÑ zÉiÉkÉÉ ÌuÉqÉsÉÉqpÉxÉÉ ||  
qÉiÉÉà qÉsÉWUÉàÁrÉliÉÑ UxÉmÉÑwmÉxÉqÉÉ¾àrÉ: | -  
UxÉiÉÇUÌaÉhÉÏ 6/52-53

5. UxÉmÉÑwmÉÉ± qÉsÉWûU  
UxÉmÉÑwmÉÇ cÉiÉÑaÉÑigeÉÇ ÍxÉYjÉiÉæsÉ¶É iÉÉàsÉMüqÉÇ |  
ZÉsuÉàÀiÉqÉxÉ×hÉà æÉÑSìà SiuÉÉ rÉ:ÉàlÉ qÉSirÉàiÉÇ ||  
iÉiÉÉà ÌuÉzÉÉsÉçUÉY§ÉÉrÉÉÇ MüÉcÉMÑümrÉÉÇ iÉÑ ÌuÉlrÉxÉàiÉÇ  
|  
aÉÌSiÉÉàÁrÉÇ qÉsÉWûUÉà UxÉmÉÑwmÉÉ±xÉÇYÉMü: || -  
UxÉiÉÇUÌaÉhÉÏ 6/54-55

6. MügeÉÍsÉMüÉ± qÉsÉWûU  
uÉxuÉÍokÉiÉÉàsÉMüÍqÉiÉÇ ÍxÉYjÉiÉæsÉÇ iÉÑ ÌlÉqÉisÉqÉÇ |  
zsÉæhÉÌmÉ¹É MügeÉÍsÉMüÉ iÉÉàsÉMü²rÉxÉÇÍqÉiÉÉ ||  
zÉÑkSC qÉ×-ÉUzÉÚÇaÉÇ iÉÑ rÉÑaÉiÉÉàsÉMüxÉÍlqÉiÉqÉÇ |  
MüÍqmÉssÉMü¶É ÌuÉqÉsÉÇ uÉxÉÑiÉÉàsÉMüxÉÇÍqÉiÉqÉÇ ||  
qÉÉwÉ§ÉrÉÉàÎlqÉiÉÇ cÉæuÉ iÉÑijÉMÇü ÌlÉqÉisÉÍM×üiÉqÉÇ |  
§mÉéSÉrÉ ZÉsuÉà ÌuÉlrÉxrÉ mÉàwÉrÉàSìiÉrÉ:ÉiÉ: ||  
iÉiÉÉà ÌuÉzÉÉsÉuÉY§ÉÉrÉÉÇ MüÉcÉMÑümrÉÉÇ iÉÑ ÌuÉlrÉxÉàiÉÇ  
qÉiÉÉà qÉsÉWûUÉàÁrÉÇ iÉÑ IÉÉqlÉÉ MügeÉÍsÉMüÉ±: ||-  
UxÉiÉÇUÌaÉhÉÏ 6/129-132

7. SSìÓÌuÉSìÉuÉhÉ qÉsÉWûU  
ÍxÉYjÉiÉæsÉÇ iÉÑ ÌuÉqÉsÉÇ pÉÉIÉÑiÉÉàsÉMüxÉÇÍqÉiÉqÉÇ |  
ÌuÉzÉÉàÍkÉiÉÇ aÉlkÉMÇü cÉ iÉÉàsÉMæüMüÍqÉiÉÇ zÉÑpÉqÉÇ ||  
xÉÑmÉÑÍwmÉiÉÇ iÉÑ xÉÉæpÉÉarÉÇ **cÉçüqÉSixrÉ oÉÍeÉMüqÉÇ** |  
uÉ×æÉqÉrÉUeÉ: xuÉcNÇû iÉÉàsÉMüÉkSiÍqÉiÉÇ mÉ×jÉMÇü ||  
AÌiÉqÉlSÉÍalÉIÉÉ mÉYUÉÇ zÉÌiÉÇ MÑümrÉÉÇ iÉÑ ÌuÉlrÉxÉàiÉÇ |  
qÉiÉÉà qÉsÉWûUÉàÁrÉÇ iÉÑ SSìÓÌuÉSìÉuÉhÉÉÀûrÉ: ||-  
UxÉiÉÇUÌaÉhÉÏ 8/59

8. aÉlkÉMüÉ± qÉsÉWûU  
ÍxÉYjÉiÉæsÉÇ xÉÑÌuÉqÉsÉÇ UxÉiÉÉàsÉMüxÉÇÍqÉiÉqÉÇ |  
aÉlkÉMÇ ÌaÉËUÍxÉÇSÕUÇ iÉÉàsÉMüÉkSiÍqÉiÉÇ mÉÚjÉMÇ ||  
OÇûMühÉÇ bÉlÉxÉÉU cÉ mÉÚjÉMÇü qÉÉwÉ²rÉÉàÎlqÉiÉqÉÇ |  
SiuÉÉ xÉqqÉàsÉrÉ rÉ:ÉàlÉ MüÉcÉMÑümrÉÉÇ ÌlÉkÉÉmÉrÉàiÉÇ ||

qÉiÉÉâ qÉsÉWûUÉâÁrÉÇ iÉÑ aÉlükÉMüÉ±xÉqÉÉÀûrÉ: |-  
UxÉiÉÇUÌaÉhÉİ 8/63-65

9. ÌWÇûaÉÑsÉÉ± qÉsÉWûU  
ÍxÉYjÉiÉæsÉÇ xÉÑÌuÉqÉsÉÇ pÉÉlÉÑiÉÉâsÉMüxÉÇÍqÉiÉqÉÇ |  
ÍxÉlSÕUÇ SUSgcÉæuÉ iÉÉâsÉMüÉkSiÍqÉiÉÇ ÍæÉmÉâiÉÇ ||  
ÌuÉqÉ±â qÉxÉÚhÉâ ZÉsuÉâ MüÉcÉMÑümrÉÉÇ iÉÑ ÌuÉlRÉxÉâiÉÇ |  
ÌWÇûaÉÑsÉÉ±Éâ qÉsÉWûU: ÌTüUÇaÉuÉÉhÉUÉâmÉhÉ: ||-  
UxÉiÉÇUÌaÉhÉİ 9/25-26

10. ÌWÇûaÉÑsÉÉqÉ×iÉ qÉsÉWûU  
ÍxÉYjÉiÉæsÉÇ xÉÑÌuÉqÉsÉÇ xÉÔrÉiÉÉâsÉMüxÉÇÍqÉiÉqÉÇ |  
iÉÉâsÉMüÉkSiÍqÉiÉÇ cÉæuÉ SUSÇ xÉÑÌuÉcÉÔÍhÉiÉqÉÇ ||  
qÉ×-ÉUzÉ×ÇaÉÇ xÉÉæpÉÉarÉÇ MümÉÔiUÇ UxÉmÉÑwmÉMüqÉÇ |  
xTùlOûMüÉ ÌaÉËUÍxÉlSÕUÇ mÉ×jÉaÉÇ qÉÉwÉ²rÉÉâÍlqÉiÉqÉÇ ||  
xÉqqÉâsrÉ qÉxÉ×hÉâ ZÉsuÉâ MüÉcÉMÑümrÉÉÇ iÉÑ ÌuÉlRÉxÉâiÉÇ |  
qÉiÉÉâ qÉsÉWûUÉâÁrÉÇ iÉÑ ÌWÇûaÉÑsÉÉqÉ×iÉ xÉÇYÉMü: ||-  
UxÉiÉÇUÌaÉhÉİ 9/27-29

11. iÉÉsÉMüÉâ±qÉsÉWûU  
ÍxÉYjÉiÉæsÉÇ iÉÑ ÌuÉqÉsÉÇ ÌŞÉÇzÉ´ÉÉâsÉMüxÉÇÍqÉiÉqÉÇ |  
Ì²iÉÉâsÉMüÍqÉiÉÇ iÉÉsÉÇ MÔüwqÉÉhQûSìuÉzÉÉâÍkÉiÉqÉÇ ||  
zsÉæhÉÌmÉ¹É MüÍsÉMüÉ ÌÉzÉÉ ZÉÌSuxÉÉUMüqÉÇ |  
aÉæËUMÇü ÌaÉËUÍxÉlSÕUÇ mÉ×jÉMçü iÉÉâsÉMüxÉÇÍqÉiÉqÉÇ ||  
qÉlÉ:ÍzÉsÉÉ cÉ ÌuÉqÉsÉÉ iÉÉâsÉMüÉkSiÍqÉiÉÉ rÉjÉÉ |  
xÉqqÉâsrÉ ZÉsuÉâ rÉlÉâlÉ MüÉcÉMÑümrÉÉÇ iÉÑ ÌuÉlRÉxÉâiÉÇ ||  
qÉiÉÉâ qÉsÉWûUÉâÁrÉÇ iÉÑ iÉÉsÉMüÉâSrÉ xÉÇYÉMü: |-  
UxÉiÉÇUÌaÉhÉİ 11/78-81

12. OÇûMühÉÉqÉÚiÉ qÉsÉWûU  
xÉÑmÉÑÍwmÉiÉÇ OÇûMühÉÇ iÉÑ iÉÉâsÉMü²rÉxÉÇÍqÉiÉqÉÇ |  
ÍxÉYjÉiÉæsÉÇ cÉ ÌuÉqÉsÉÇ pÉÉlÉÑiÉÉâsÉMüxÉÇÍqÉiÉqÉÇ ||  
iÉÉâsÉMüÉkSiÍqÉiÉÉ cÉæuÉ xÉÍeÉiMüÉ ÌuÉqÉsÉÉÌM×üiÉÉ |  
ÌuÉzÉÑkSÇ mÉÑwmÉMüÉxÉÍxÉÇ xÉÍeÉiMüÉxÉqÉpÉÉlÉaÉMüqÉÇ |  
qÉÉwÉ²rÉÍqÉiÉ: æÉÉU: ÌmÉmmÉsÉiuÉMüxÉqÉÑÍjÉiÉ: |  
xÉuÉiÇ xÉqqÉâsrÉ rÉlÉâlÉ MüÉcÉMÑümrÉÉÇ ÌÉkÉÉmÉrÉâiÉÇ ||

qÉiÉÉâ qÉsÉWûUÉâÂrÉÇ iÉÑ OÇûMühÉÉqÉÚiÉ xÉÇ¥ÉMü: |-  
UxÉiÉÇUÌaÉhÉİ 13/96-99

13. OÇûMühÉÉqsÉxrÉ qÉsÉWûU  
ÍxÉYjÉiÉæsÉÇ xÉÑÌuÉqÉsÉÇ aÉëWûiÉÉâsÉMüxÉÇÍqÉiÉqÉÇ |  
iÉÉâsÉMæüMüÍqÉiÉÇ cÉæuÉ OÇûMühÉÉqsÉMüqÉÑ´ÉqÉqÉÇ ||  
xÉqqÉâsrÉ ZÉsuÉâ rÉ!ÉâiÉ MüÉcÉMÑümrÉÉÇ iÉÑ ÌuÉlrÉxÉâiÉÇ |  
qÉiÉÉâ qÉsÉWûUÉâÂrÉÇ iÉÑ OÇûMühÉÉqsÉxÉqÉÉÀûrÉ: ||-  
UxÉiÉÇUÌaÉhÉİ 14/112-113
14. rÉzÉsÉqÉ×iÉ qÉsÉWûU  
Ì§ÉMüwÉiÇ ÍxÉYjÉiÉæsÉliÉÑ mÉÔuÉÉâiÉüÌuÉÍkÉxÉÉkÉiÉqÉÇ |  
iÉÉâsÉMæüMüÍqÉiÉÇ S±ÉiÉÇ rÉzÉsÇ uÉÎWûeÉÉËUiÉqÉÇ ||  
ZÉsuÉâÂÌiÉqÉxÉ×hÉâ ¢ÉÑSìâ qÉSìrÉâSÌiÉrÉ!ÉiÉ: |  
xÉqÉÉZrÉÉiÉÉâ qÉsÉWûUÉâ rÉzÉsÉqÉ×iÉxÉÇ¥ÉMü: ||-  
UxÉiÉÇUÌaÉhÉİ 14/146-147
15. iÉÑijÉÉqÉ×iÉ qÉsÉWûU  
ÍxÉYjÉiÉæsÉÇ xÉÑÌuÉqÉsÉÇ SzÉiÉÉâsÉMüxÉÇÍqÉiÉqÉÇ |  
xÉÑÌiÉqÉisÉÇ ÍzÉÍZÉaÉëÌuÉÇ ZÉsÉÑ ÌuÉÇzÉÌiÉaÉÑgeÉMüqÉÇ ||  
§mÉéSÉrÉ ZÉsuÉâ xÉqmÉâwrÉ MüÉcÉMÑümrÉÉÇ ÌÉkÉÉmÉrÉâiÉÇ  
|  
MüÍjÉiÉÉâÂrÉÇ qÉsÉWûUiÉÑijÉMüÉqÉ×iÉxÉÇ¥ÉMü: ||-  
UxÉiÉÇUÌaÉhÉİ 21/97-98
16. iÉÑijÉMüÉ±Éâ qÉsÉWûU  
bÉ×iÉÇ ÌiÉÉâsÉMüÍqÉiÉÇ SuÉÌixrÉÇ uÉÎWûlÉÉ mÉcÉâiÉÇ |  
iÉÉâsÉMüÉS¹qÉÉÇzÉÇ uÉÉ mÉÉÌSMÇü UÉsÉMÇü ÍæmÉâiÉÇ ||  
UÉsÉliÉÑ ÌuÉSìÓiÉÇ ¥ÉÉiuÉÉ SìÓiÉÇ ZÉsuÉâ ÌuÉÌiÉÍæmÉâiÉÇ |  
SiuÉÉjÉ ÌiÉqÉisÉÇ iÉÑijÉÇ iÉÉâsÉMüxrÉÉ¹qÉÉÇÍzÉMüqÉÇ ||  
ZÉOûÍÇ MümÉSìpÉÍxÉiÉÇ OÇûMügÉæMæüMüiÉÉâsÉMüqÉÇ |  
mÉâwÉrÉâ²ÉËUhÉÉ iÉÉuÉlqÉÑgcÉæ³ÉÏUliÉÑ iÉIsÉiÉÉqÉÇ ||  
qÉÑWÒûqÉÑrWÒû: ÍæmÉâ³ÉÏUÇ qÉSìlÉÉ³ÉIsÉiÉÉÇ aÉiÉqÉÇ |  
ÌuÉzÉsÉÉxrÉâ MüÉcÉMÔümÉâ ÌÉSkÉrÉÉ± rÉ!ÉiÉ: ||  
iÉÑijÉMüÉ±Éâ qÉsÉWûUÉâ.....|- UxÉiÉÇUÌaÉhÉİ 21/100-  
104
17. mÉëjÉqÉ: ÍxÉlSÔUÉ±Éâ qÉsÉWûU:  
ÌuÉqÉsÉÇ ÍxÉYjÉiÉæsÉliÉÑ MüwÉiÉ§ÉiÉrÉxÉÇÍqÉiÉqÉÇ |

iÉÉâsÉMüÉkSiÍqÉiÉÇ OÇûMü ÍxÉlSÕUgcÉÉlMé iÉÎlqÉiÉqÉç ||  
xÉqqÉâsrÉ qÉxÉ×hÉâ ZÉsuÉâ MüÉcÉMÑümrÉÉÇ ÎÉkÉÉmÉrÉâiÉç |  
ÍxÉlSÕUÉ±Éâ qÉsÉWûUÉâ lÉÉqlÉÉrÉÇ mÉËUMüĐlîÉüÉ: ||-  
UxÉiÉÇUìàÉhÉİ 21/156-157

18. İziÉİrÉ: ÍxÉlSÕUÉ±Éâ qÉsÉWûU:  
§mÉëŞÉæuÉ OÇûMühÉxjÉÉlÉâ UÉsÉMÇü rÉlS SİrÉiÉâ |  
ÍxÉlSÕUÉ±Éâ qÉsÉWûUxiÉSÉrÉqÉlMé MüjriÉiÉâ ||-UxÉiÉÇUìàÉhÉİ  
21/158

19. qÉ×-ÉUzÉ×ÇaÉÉ± qÉsÉWûU  
mÉsÉæMÇü ÍxÉYjÉiÉæSÉliÉÑ mÉÔuÉÉâiÉüüÉlÉkÉxÉÉlÉkÉiÉqÉç |  
qÉ×-ÉUzÉ×ÇaÉÉÉÇ cÉÔhÉiÇ zÉÑkSÇ iÉÉâsÉMüxÉÇÍqÉiÉqÉç ||  
xÉqqÉâsrÉ MüÉcÉTüsÉMâü MüÉcÉMÑümrÉÉÇ ÎÉkÉÉmÉrÉâiÉç |  
§mÉërÉÇ qÉ×-ÉUzÉ×ÇaÉÉ±Éâ lÉÉqlÉÉ qÉsÉWûU: xqÉ×iÉ: ||-  
UxÉiÉÇUìàÉhÉİ 21/173-174

20. İziÉİrÉÉâ qÉÚ-ÉUzÉ×ÇaÉÉ±Éâ qÉsÉWûU  
mÉsÉæM mÉëÍqÉiÉÇ iÉæSÉqÉç AiÉxÉlôÉiÉxÉqpÉuÉqÉç |  
mÉëSİmiÉcÉÑİssÉMüÉxÉÇxjÉâ lrÉxÉâimÉ·ÉsÉpÉÉÉlÉâ ||  
qÉ×-ÉUzÉ×ÇaÉÉÉÇ cÉÔhÉiÇ iÉÉâsÉMæüMüÍqÉiÉÇ ÍæÉmÉâiÉç |  
mÉcÉâ·ÉÉuÉiÉç mÉërÉlÉâlÉ rÉÉuÉÉ³ÉæliÉ mÉëaÉÉRûiÉÉqÉç ||  
iÉiÉÉâ SØRûlMékÉÉlÉÉrÉÉÇ MüÉcÉMÑümrÉÉÇ ÎÉuÉÉUrÉâiÉç |  
§mÉërÉÇ qÉ×-ÉUzÉ×ÇaÉÉ±Éâ lÉÉqlÉÉ qÉsÉWûU: xqÉ×iÉ: ||-  
UxÉiÉÇUìàÉhÉİ 21/177-179

21. aÉæËUMüÉ± qÉsÉWûU  
xÉÑuÉhÉiaÉæËUMÇü zÉÑkSÇ iÉÉâsÉMæüMüÍqÉiÉÇ zÉÑpÉqÉç |  
iÉÎlqÉiÉÉÇ UeÉlÉİgcÉæuÉ qÉÉwÉMÇü pÉÉsÉpÉÔwÉhÉqÉç ||  
ÍxÉYjÉiÉæSÉÇ cÉ İuÉqÉsÉÇ MüwÉiİŞÉiÉrÉxÉÇÍqÉiÉqÉç |  
xÉqmÉâwrÉ ZÉsÉÑ rÉlÉâlÉ MüÉcÉMÑümrÉÉÇ iÉÑ İuÉlrÉxÉâiÉç ||  
aÉæUİMüÉ±Éâ qÉsÉWûUÉâ lÉÉqÉiÉ: mÉËUMüĐlîÉüÉ: |-  
UxÉiÉÇUìàÉhÉİ 23/130-132

22. uÉâSlÉÉliÉMü qÉsÉWûU  
ÍxÉYjÉiÉæSÉÇ xÉÑİuÉqÉsÉÇ aÉëWûiÉÉâsÉMüxÉÇÍqÉiÉqÉç |  
TüİhÉTâülÉgcÉ İuÉqÉsÉÇ aÉëWûqÉÉwÉMüxÉÇÍqÉiÉqÉç ||  
TüİhÉTâülÉlÉqÉiÉgcÉæuÉ ZÉsÉÑ WâûUqoÉpÉÔwÉhÉqÉç |

MüÉcÉMÑümrÉÉÇ ìÉkÉÉrÉÉjÉ ÌmÉkÉÉIÉàIÉ ÌÉUÉàkÉrÉàIÉÇ |  
qÉiÉÉà qÉsÉWûUÉàÅrÉÇ iÉÑ uÉàSIÉÉliÉMüxÉÇYÉMü: ||-  
UxÉiÉÇUÌaÉhÉİ 24/301-303

23. mÉÉUSÉÌS qÉsÉWûU  
UxÉaÉIkÉMürÉÉà¶cÉÔhÉİÇ iÉixÉqÉÇ qÉÑQİûzÉxÇaÉMüqÉÇ |  
xÉUÉİİÉÑsrÉÇ iÉÑ MüÎqmÉssÉÇ ÌMüÎlcÉ"ÉÑijÉxÉqÉÉİluÉiÉqÉÇ ||  
xÉUÉİ xÉqqÉàsÉrÉàSèSiuÉÉ bÉxiÉÇ xÉuÉÉİŠiÉÑaÉÑİhÉqÉÇ |  
ÌmÉcÉÑmsÉÑiÉÇ mÉëSÉiÉurÉÇ SÒ¹uÉëhÉİuÉzÉÉàkÉIÉqÉÇ ||  
IÉÉQûİuÉëhÉWûUÇ cÉæuÉ xÉuÉİuÉëhÉİlÉwÉÔSIÉqÉÇ |  
rÉà uÉëhÉÉ IÉ mÉzÉÉqrÉİliÉ pÉàwÉeÉIÉÉÇ zÉiÉàIÉ cÉ ||  
AIÉàIÉ iÉà mÉzÉÉqrÉİliÉ xÉÌmÉİwÉÉ xuÉsmÉMüÉsÉiÉ: |
24. İziÉrÉ mÉÉUSÉÌS qÉsÉWûU  
UxÉaÉIkÉMüÍxÉISÖUUÉsÉMüÎqmÉssÉqÉÑQİûMüqÉÇ |  
iÉÑijÉÇ ZÉÌSUMÇü cÉÔhÉİÇ xÉuÉİÇ bÉxiÉcÉiÉÑaÉÑİhÉqÉÇ ||  
rÉÑYirÉÉ xÉÇqÉàsÉrÉ ÌmÉcÉÑIÉÉ uÉëhÉà SårÉÇ İuÉeÉIÉiÉÉÉ |  
xÉuÉİuÉëhÉmÉzÉqÉIÉÇ bÉxiÉqÉàIÉ³É xÉÇzÉrÉ: ||

cÉUMü xÉÇÌWûiÉÉ

25. cÉÔhÉİ mÉëSàWû  
AÉUauÉkÉ: LQûaÉeÉ: MÇüUeÉÉà uÉÉxÉÉ aÉÑQÒûcÉİ qÉSIÉÇ  
WûËUSÌà | (cÉ.xÉÔ.3/3)
26. UxÉÉÇeÉIÉÇxÉmÉëmÉÑ³ÉÉQûoÉİeÉÇ rÉÑÇÇü MülmÉijÉ¶É  
UxÉàIÉ sÉàmÉ: |  
MüUÇeÉoÉİeÉæQûaÉeÉÇ xÉMÑü,Ç aÉÉàqÉÔŞÉÌmÉ,Ç cÉ  
mÉUÇ mÉëSàWû : ||(cÉ.xÉÔ.3/13)
27. qÉIÉ:ÍzÉsÉÉ iuÉMüMÑüOûeÉÉiÉÇ xÉMÑü,ÉiÉ xÉsÉÉàqÉzÉ:  
xÉæQûaÉeÉ: MüUÇeÉ: |  
aÉëÇÍjÉ¶É pÉÉæeÉİ: MüUuÉİUqÉÔsÉÇ cÉÔhÉÉİliÉ xÉÉkrÉÉliÉ  
iÉÑwÉÉàSMäüIÉ ||(cÉ.xÉÔ.3/15)
28. zÉÉMüuÉaÉİ  
.....MüsÉqoÉIÉÉÍsÉMüÉxÉÔrÉİ:  
MÑüxÉÑqpÉuÉxMükÉÔqÉMüÉæ |  
sÉæqÉhÉÉ cÉ mÉëmÉÑ³ÉÉQûÉà IÉÍsÉIÉİMüÉ MÑüPàûUMü: ||

29. MÑü,Ç MüUÇeÉoÉİeÉÉİİÉ LQûaÉeÉ: MÑü,xÉÔSİÉÉà sÉãmÉ:  
|mÉëmÉÑ³ÉÉQûoÉİeÉxÉæIkÉuÉUxÉÉÇeÉİÉMùlmÉijÉsÉÉàkÉëÉ  
¶É |(cÉ.ÍcÉ.7/93)
30. ....LQûaÉeÉ: İÉqoÉ mÉÉPûÉ SÒUÉsÉpÉÉ ÍcÉŞÉMüÉà  
İuÉQÇûaÉ¶É |  
.....LiÉæxiÉæsÉÇ ÍxÉKSÇ MÑü,bİÉÇ rÉÉaaÉ LwÉ cÉ  
AÉsÉãmÉ:| E²iÉİİÉÇ mÉëbÉwÉİhÉqÉÇ AuÉcÉÔhÉİqÉáwÉ  
mÉèİS¹: |(cÉ.ÍcÉ.7/103)
31. MüİÉMü²ÉİUİ iÉæsÉqÉÇ  
.....LQûaÉeÉ  
MÑüOûeÍzÉaÉëÑşrÉwÉÔhÉpÉssÉÉiÉMü²ÉuÉMüÉ:  
|(cÉ.ÍcÉ.7/113)
32. MÑü, sÉãmÉ  
LQûaÉeÉMÑü,xÉæÇkÉuÉxÉÉæuÉİUMüxÉwÉimÉæ:  
MÚüİqÉbİÉæ¶É |  
MÚüİqÉMÑü,qÉhQûsÉÉZrÉÇ SSİÓMÑü,Ç cÉ zÉqÉqÉÑmÉæİÉ ||  
LQûaÉeÉ: xÉeÉİUxÉÉà qÉÔsÉMüoÉİeÉÇ cÉ  
ÍxÉkqÉMÑü,ÉİÉÉqÉÇ |  
MüÉİheÉMürÉÑ£Çü iÉÑ mÉÚjÉİaqÉSqÉÑ²iÉİİÉÇ sÉãmÉÉ:  
|(cÉ.ÍcÉ.7/126-127)
33. LQûaÉeÉ: xÉİuÉQÇûaÉÉà qÉÔsÉÉİrÉÉUauÉkÉ¶É MÑü,ÉİÉÉqÉÇ  
|  
E-ÉsÉİÉÇ µÉSİiÉÉ aÉÉàµÉuÉUÉWûÉà·İSÇiÉÉ¶É ||  
LQûaÉeÉ: xÉİuÉQÇûaÉÉà ²à cÉ İİÉzÉà UÉeÉuÉÚ²ÉqÉÔsÉÇ cÉ |  
MÑü,Éà-ÉsÉİÉqÉaêrÉÇ xÉİmÉmmÉsÉİmÉÉMüsÉÇ rÉÉàerÉqÉÇ  
|| (cÉ.ÍcÉ.7/160-161)

xÉÑ´ÉÑiÉxÉÇİWûiÉÉ

34. **SSİÖWûU sÉãmÉ**  
uÉæzÉàİwÉMüÉİÉiÉxiÉÔkuÉİÇ SSİÖÍµÉŞÉáwÉÑ qÉà zÉxhÉÑ |  
sÉÉ²ÉÉ: MÑü,Ç xÉwÉimÉÉ: ´ÉİİÉMäüiÉÇ UÉİŞÉurÉÉäİwÉÇ  
cÉçüqÉSİ¶É oÉİeÉqÉÇ |  
MÚüiuÉæMüxjÉÇ iÉçüİmÉ¹Ç mÉësÉãmÉÉà SSİÖwÉÑ£üÉà  
qÉÔsÉMüÉ´İeÉrÉÑ£ü: ||

35. **ÍxÉIkÉÔ°ÕiÉÉÌS sÉámÉ**  
 ÍxÉIkÉÔ°ÕiÉÇ cÉçüqÉSì¶É oÉïeÉÍqÉ±Ñ°ÕiÉÇ MâüzÉUÇ  
 iÉÉæRÉizÉæSÉqÉç |  
 ÌmÉ¹Éå sÉámÉÉåÅRÉÇ MüÌmÉijÉÉOÒùxÉàlÉ SSìÖxiÉÔhÉiÇ  
 lÉÉzÉrÉirÉåwÉ rÉÉåaÉ: ||(xÉÑ.xÉÇ.ÍcÉ.9/11-13)
36. **ÍµÉŞÉWûU MÑüMÑüOûmÉÑUïwÉ sÉámÉ**  
 bÉÚiÉàlÉ rÉÑçÇü mÉëmÉÑiÉÉQûoÉïeÉÇ MÑü,Ç cÉ  
 rÉ¹iqÉkÉÑMÇü cÉ ÌmÉwOèuÉÉ |  
 µÉàiÉÉrÉ S±É³ØWûMÑüMÑüOûÉrÉ cÉiÉÑjÉipÉzÜÉrÉ  
 oÉÑpÉÔiæÉiÉÉrÉ ||
37. **uÉeÉëMü iÉæSÉ**  
 .....ÍxÉkSÉjÉiMüÉiÉç ìuÉQÇûaÉÉlÉ mÉëmÉÑ³ÉÉQÇü cÉ  
 xÉÇWûUaiÉç |
38. **qÉWûÉuÉeÉëMü iÉæSÉ**  
 .....MÑüOûeÉ¶É mÉëmÉÑ³ÉÉQûxÉmiÉmÉhÉÉæi qÉxŞÉÉSIÉi ||  
 (xÉÑ.xÉÇ.ÍcÉ.)9/19-20)
39. **qÉÇjÉ rÉÉåaÉ**  
 .....uÉÉ mÉÉrÉrÉàiÉç pÉssÉÉiÉMü  
 mÉëmÉÑ³ÉÉQûÉuÉssÉÑeÉÉMiüÍcÉŞÉMüìuÉQÇûaÉqÉÑxiÉcÉÔh  
 ÉicÉiÉÑpÉÉiaÉrÉÑzÜÉiÉç|  
 (xÉÑ.xÉÇ.ÍcÉ.10/4)
40. **kÉluÉÇiÉUï ìlÉbÉhOÒû**  
**MüUuÉiUÉÌS uÉaÉi**  
 cÉçüqÉSìxiuÉåQûaÉeÉÉå qÉåwÉÉiæÉMÑüxÉÑqÉxiÉjÉÉ |  
 mÉëmÉÑ³ÉÉOûxiÉSè uÉOû¶ÉçüÉuWû¶ÉìçüMüxiÉjÉÉ ||  
 cÉçüqÉSì: MüOÕûwhÉ: xrÉÉiÉç mÉëÉåzÜÉå  
 uÉÉiÉMüTüÉmÉWû: |  
 SSìÓMühQÕûWûU: MüÉÎliÉxÉÉæMÑüqÉÉrÉiMüUÉå qÉiÉ: ||  
 (zsÉÉåMü çü.4-5)
41. **MæürÉSåuÉ ìlÉbÉhOÒû**  
 AÉæwÉkÉi uÉaÉi-

SSiÓblÉ: xrÉÉSâQûaÉeÉ: ðÉÉâQûMüÉâ qÉSîMüxiÉjÉÉ |  
 AÉuÉiiÉMüxiuÉâQûaÉeÉ: cÉçüqÉSî¶É cÉ cÈìçüMüÉ ||  
 mÉqÉÉQûÉâ qÉâwÉMÑüxÉÑqÉ: mÉëmÉÑ³ÉÉOû mÉëmÉÑ³ÉÉOû:  
 |  
 mÉëmÉÑ³ÉÉOûÉâ ìWûqÉÉâ ÂðÉÉâ ¾û±: xuÉÉSÒ:  
 mÉSÒsÉibÉÑ: ||  
 ìuÉ¹ÇpÉİ xÉx¹ìuÉhqÉÔŞÉ: MÑürÉÉiiÉç ìmÉ´ÉÈìÉsÉÉæ WûUâiÉç  
 |  
 MüTüMÑü,euÉUµÉÉxÉMüÉxÉqÉâWûÉÁcÉMxüqÉİiÉç ||  
 (zsÉÉâMü. çü.699-701)  
 mÉëmÉÑ³ÉÉOûxrÉ zÉÉMÇü iÉÑ MüTüMÑü,ÉìÉsÉÉmÉWûqÉç |  
 ìmÉ´ÉmÉëMüÉâmÉhÉ: oÉsrÉÇ SSiÓmÉÉqÉÉWûUÇ aÉÑÂ ||  
 iÉiTüsÉÇ MüOÒûMÇü xÉÉâwhÉÇ eÉrÉâiÉç  
 MÑü,MüTüÉìÉsÉÉiÉç |  
 ìuÉwÉMühQÕûaÉÑsqÉSSiÓµÉÉxÉMüÉxÉMxüqÉİiÉç eÉrÉâiÉç ||  
 (zsÉÉâMü. çü.702-703)

42. **UÉeÉìÉbÉhOÒû**

**zÉiÉÉuWûÉSİ uÉaÉi-**

xrÉÉSçüqÉSÉâiÇÂhQûaÉeÉÉâ aÉeÉÉZrÉÉâ  
 qÉâwÉÉÀûrÉ¶ÉæÂaÉeÉÉâÂLQûWûxiÉİ |  
 urÉÉuÉ´ÉiMü¶ÉçüaÉeÉ¶É cÉçüİ  
 mÉÑ³ÉÉQûmÉÑ³ÉÉOûìuÉqÉSîMüÉ¶É ||  
 SSiÓblÉxiuÉuÉiOû¶É xrÉÉSçüÉuWû: zÉÑçüìÉÉzÉiÉ:|  
 SØRûoÉİeÉ: mÉëmÉÑ³ÉÉOû: ZÉeÉÔibÉ¶ÉÉâiÉùÉÇzÉiÉÉ ||  
 (zsÉÉâMü. çü.198-199)  
 cÉçüqÉSİ: MüOÒûxiÉİuÉëÉâ qÉâSÉâuÉÉiÉMüTüÉmÉWû: |  
 uÉëhÉMühQÕûliÉiMÑü,ÉliÉi SSiÓmÉÉqÉÉÌSSÉâwÉiÉÑiÉç ||  
 (zsÉÉâMü çü.200)

43. **qÉSİÉmÉÉsÉ ìÉbÉhOÒû**

**ApÉrÉÉSİ uÉaÉi-**

mÉëmÉÑ³ÉÉOûxiuÉâQûaÉeÉ¶ÉçüqÉSİ: mÉëmÉÑ³ÉÉOû: |  
 SSiÓblÉÉâ qÉSîMüÉâ qÉâbÉMÑüxÉÑqÉ: MÑü,MxüliÉiÉ: ||  
 mÉëmÉÑ³ÉÉOûÉâ sÉbÉÑ: xuÉÉSÒ ÂðÉ: ìmÉ´ÉÈìÉsÉÉmÉWû: |  
 ¾û±Éâ ìWûqÉMüTüµÉÉxÉMÑü,SSiÓMxüqÉİheÉrÉâiÉç ||



WûlirÉÑwhÉÇ iÉiTÛsÉÇ MÑü, MühQÕûSSiÓìuÉwÉÉÌÉsÉÉÍÉÇ |  
uÉÉiÉU£üEmÉWÇû iÉxrÉÉ: zÉÉMÇü MütüMüUÇ sÉbÉÑ: ||  
(zsÉÉåMü. çü.231-233)

44. **zÉÉÍsÉaÉëÉqÉ ÌÉbÉhOÒû**

cÉçüqÉSÿxiuÉåQûaÉeÉÉå qÉåwÉÉÍæÉMÑüxÉÑqÉxiÉjÉÉ |  
mÉëmÉÑ³ÉÉOûxiÉSè uÉOû¶ÉçüÉuWû¶ÉìçüMüxiÉjÉÉ ||  
cÉçüqÉSÿ: MüOÕûwhÉ: xrÉÉiÉÇ mÉëÉå£üÉå  
uÉÉiÉMütüÉmÉWû: |

SSiÓMühQÕûWûU: MüÉÏiÉxÉÉæMÑüqÉÉrÉiMüUÉå qÉiÉ: ||

45. **zÉÉåRûsÉ ÌÉbÉhOÒû**

**MüUuÉÏUÉSÏ uÉaÉi**

cÉçüqÉSÿxiuÉåQûaÉeÉÉå qÉåwÉÉæÉ: MÑü, WûÉ qÉiÉ: |  
mÉÑ³ÉÉOû: mÉëmÉÑ³ÉÉOû¶É çüÏQûÉuÉiÉiMü LuÉ cÉ ||  
SSiÓblÉ: mÉÉqÉbÉÉiÉi cÉ zÉÑçüiÉÉqÉÉ cÉ uÉiÉÑisÉ: |  
(zsÉÉåMü çü.485-486)

46. **ÌÉbÉhOÒû AÉSszÉi**

mÉÒiÉMüUÇeÉÉSÏ uÉaÉi

47. **æÉåqÉMÑüiÉÑWûsÉ**

mÉëmÉÑ³ÉÉOûÉå sÉbÉÑ: xuÉÉSÒ: uÉÉiÉzsÉåwqÉWûU: mÉU: |  
ìiÉ£ü: MühQèuÉÉqÉrÉWûU: MüÉxÉMÑü, MxüqÉiÉheÉrÉaiÉÇ ||

48. **uÉÇaÉxÉåiÉ**

cÉçüqÉSÿMüoÉÏeÉ¶É qÉÔsÉMüÉqoÉÑmÉëåìwÉiÉqÉÇ |  
SSiÓblÉÇ sÉåmÉiÉÇ MÑürÉÉiÉÇ.....||

## CASE RECORD FORM

**Name :**

**Age/Sex :**

**Marital status :**

**Education : UN/E/P/M/HS/G/PG Occupation :**

**Address :**

**Religion :**

**Socio-eco.status: VP/LM/M/UM/R Habitat :**

**Diagnosis : Vicharchika**

### **CHIEF COMPLAINTS:**

### **DURATION**

1. **Kandu**

2. **Pidika**

3. **Strava - Tanu**  
Sagandha  
Prabhut

Alpa

4. **Vaivarnya - Shyava**  
Krishna  
Raktima

5. **Daha**

6. **Rukshata - Khara**  
Parush

7. **Raji**

8. **Shotha**

9. **Ruja**

10. **Other**

### **HISTORY OF PRESENT ILLNESS:**

**Onset** Sudden / Gradual / Incidious

**Type** Shushka / Stravi

**Aggravation in**

Summer /Winter /Sunlight /Water contact

After intake of particular food

Nothing specific

**Degradation in** Summer /Winter

**Any medication –**

**HISTORY OF PAST ILLNESS :**

Vicharchika ,Shitapitta, Dadru, Pama, Sidhma, Allergic, Fungal infection, Rhinorrhea,

Bronchial asthma, Bleeding, Metrorrhagia, Menorrhagia.

Any treatment to stop bleeding,

Steroid, any other

**Family history**

Father, Mother, Brother, Sister, Other

Son, Daughter, Husband/wife

**FACTORS PRECIPITATING / RELAPSE(VYANJAK NIDANA)**

Trauma / Sunlight / Infection / Climatic changes / Drugs / Food /

Environment Inhalants / Topical Agent Bites

**PERSONAL HISTORY (VAIYAKTIKA ITIVRUTA)**

**AHARAJ:**

**Agni** Sama / Vishama / Tikshana / Mand

**Diet** Vegetarian / Mix / Non-veg

**Dominant Rasa**

Madhur / Amla / Lavan / Katu / tikta / Kashaya

**Dominant Guna**

Guru / Lagu Snigdha / Ruksha Shita / Ushna

**Dietary habits**

Samashana / Adhyashana / Vishamashana

**Supplementary Diet**

Milk Other

**Addiction** Tobacco / Alcohol / Smoking / Sedative / Pan / Tea/coffee

**VIHARAJA:**

**Exercise** Regular / No / Less / Proper / Excess / Irregular

**Rest** ..... hrs/day ..... hrs/night

**Sleep** .....hrs/day..... hrs/night Proper/Improper (Alpa / Prabhuta /  
khandita)

### **Bowel**

Sanhat / Asanhat Sama / Nirama Kathina / Drava Frequency .....  
times/day

Vivarna / Alpa / Muhurmuhur / Sakashten

**Kostha** Mrudu / Madhyama / Krur

### **Micturation**

Samyaka / Kruchha / Vaivarnya / Daha / Alpa / Prabhuta Frequency .....  
times/day

**Bath** Daily / Irregular

**Abhyang(massage)** Yes / No

**Emotion** Normal / Jolly / Anxious / Depressed

**M/H** Regular / Irregular / Menopause

**Obstetric history** No. of delivery ..... Abortion ..... Miscarriage .....

### **DEHA BALA:**

**Sharira Prakruti** Vatapittaja / Pittakaphaja / Kaphavataja / Tridoshaja

**Manas Prakruti** Satvik / Rajsika / Tamsika

**Sarata** Pravar / Madhyama / Avara

**Samhana** Pravar / Madhyama / Avara

**Satva** Pravar / Madhyama / Avara

**Praman** Ht.cm Wt.kg

**Satmya** Pravar / Madhyama / Avara

**Ahar shakti**Pravar / Madhyama / Avara

**Jarana Shakti** Pravar / Madhyama / Avara

**Vyayama** Pravar / Madhyama / Avara

**Vaya** Madhyama / Vriddha  
**Desha** Anupa / Jangama / Sadharana

**HETU :**

**AHARAJ :**

**Virudha Ahara** Dugdha+Lavana / Dugdha+Matsya / Dugdha+ Amladravya /  
Tila+Guda+Dahi,  
Other

**Garistha Ahara** Curd / Fish / Pastries / Fermented food / Drava / Guru /  
Snehbahula

**Fast food** Pizza ,Burger etc

**Asatmya Ahara** Sour food / Sauce / Kokama / Pickle / Vinegar / Cold drinks

**Vidahi Ahara** Mulaka / Udada / Garlic / Onion

**Excessive intake of** Tila / Lavana / Amla / Nava Annapana

**VIHARAJ:**

Vegadharana / Adhyashana / Ajirna bhojana / Bhojanoprant vyayama / Atap  
sevana /

Panchakarma vyapad / Unhygienic living / Cosmetics / Synthetics / Drug allergy

**VYAVASAYATMAKA :**

Constant exposure to Irritant like Rubber, metal, chemicals.

**MANASIKA :**Bhaya / Chinta / Shoka / krodha

**STROTAS PARIKSHA:-**

**RASAVAHA** Angamarda Jwara Annadwasha Tama

Mukhavirasta Pandu Aruchi Hrrullas

Guruta Tandra Agnimandya

**RAKTAVAHA** ShyavavarnataJwaraKandu Loma harsha

DahaSupti Pandu Rakta srava

Rakta netra Atisweda

**MANSA VAHA** Mukhashosha Sphota Pidika Toda

Karkashta

**UDAK VAHA** Jihva-talu-austha- Kantha-klomashosha Atitrushna

**ANNA VAHA** Asya vairasya Agnimandya Chhardi

**SWEDA VAHA** Ati sweda Angadaha Attishlakshnata Twaka  
parushya Daurgandhita Roma harsha

**EXAMINATION OF TWAKA (LESION):-**

	<b>B.T</b>	<b>A.T</b>
1. <b>VARNA</b>	Shyava Krishna Rakta Shweta	
2. <b>SPARSHA</b>	Ruksha Khara Klinna Shotha Bahala	
3. <b>STRAVA</b>	Tanu Alpa Prabhuta puyabha picchilla	
4. <b>VEDNA</b>	Supti Shula Daha Kandu	
5. <b>VISHARPANA</b>	Visharpanashila Sthira	
6. <b>PIDIKA</b>		
7. <b>SHOTHA</b>		
8. <b>RUJA</b>		
9. <b>No. OF LESION</b>	1 2 3 4 >4	
10. <b>SIZE</b>	<1cm 1-5cm 5-10cm >10cm –	
11. <b>SHAPE</b>	Round / Oval / Polygonal / Irregular - Macule / Papules / Vesicle / Nodule –	
12. <b>LOCATION</b>	Ekanga / Sarvanga / Sthanika / Ardhang –	

13. <b>EXTENTION</b>	Localized / Generalized	Symmetrical / Asymmetrical –
14. <b>PATTERN</b>	Exposed / Covered	Bilateral / unilateral
15. <b>BORDER</b>	Diffused / Well defined	

**PHYSICAL EXAMINATION:-**

**B.T.A.T.**

**Pulse/min**

**B.P./m.m.Hg.**

**Resp./min**

**Temp (°F)**

**ROGA PARIKSHA:-**

**DOSHA**

**DUSHYA**

**STROTODUSHTI**

**VYADHI SAMUTHANA**

**ROGMARGA**

**VYADHI SWARUPA**

**VYAKTISTHANA**

**NIDANA**

**PURVARUPA**

**RUPA**

**UPASHAYA / ANUPSHAYA**

**WEEKLY FOLLOW UP OF SIGNS & SYMPTOMS.**

No.	Sign & Symptoms	Gradation						After Treatment (13 <sup>th</sup> Week)
		Before Treatment	During Treatment					
			1 <sup>st</sup> wk	2 <sup>nd</sup> wk	3 <sup>rd</sup> wk	4 <sup>th</sup> wk	5 <sup>th</sup> wk	
1.	Kandu							
2.	Piddika							
3.	Strava							
4.	Vaivarnata							
5.	Daha							
6.	Rukshata							
7.	Raktima							
8.	Ruja							
9.	Shotha							