CLINICAL STUDY ON THE EFFICACY OF TAKZEMA TABLET AND TAKZEMA OINTMENT IN THE MANAGEMENT OF VICHARCHIKA ECZEMA

Dr. Arya Neelam*, Sharma Anita and Saini Rashmi

*PG Scholar, Department of Agad Tantra, National Institute of Ayurved, Aamer Road, Jaipur, Rajasthan, India.
2Associate Professor and HOD, Department of Agad Tantra, National Institute of Ayurved, Aamer Road, Jaipur, Rajasthan, India.

ABSTRACT
Eczema is a pattern of inflammatory response of the skin characterized by redness, skin edema, itching and dryness, with possible crusting, flaking, blistering, cracking, oozing or bleeding. Ayurvedic science explains this disease as Vicharchika. Majority of the skin diseases in Ayurveda have been described under the broad heading of ‘Kustha’, which are further divided into Maha Kustha & Kshudra Kustha. Vicharchika one of the Kshudra Kustha runs a chronic course generally considered difficult to cure & even if it is cured relapses are common. In the present study the management of Vicharchika Kustha was planned by Takzema ointment ‘for external use and ‘Takzema Tablet for internal use.

KEYWORDS: Vicharchika, Kustha, Takzema.

INTRODUCTION
Ayurveda is the ancient medical system of India mainly based on herbal preparations. World health organization (WHO) notes that 74% of the plant derived medicines are used in modern medicine, in a way that their modern application directly correlates with their traditional use as herbal medicines by native cultures.[1] Dermatology is an essential part of general medicine, since the skin is not by any means foreign to the body which it covers. Diseases of the skin are a common occurrence. The skin is a protective covering of the body. On average, it covers a surface area of 2 square meters. In its intact state, the skin is a strong barrier,
impenetrable to life threatening microorganisms and resistant to chemicals and harmful UV rays.\textsuperscript{[2,3]}

In Ayurveda every skin disorder is included under heading of Kusta. Ayurveda also implements broad line of management of skin disorders like medicinal and Para surgical approach. Vicharchika is considered as Kshudra Kushta in Ayurvedic classics with elaboration of its management in various aspects.\textsuperscript{[4]} The clinical presentation of Vicharchika with symptoms like Kandu (Itching), Srava (Discharge), Pidaka (Pustules), Razi (Scratches), Ruja (Pain), Vaivarnyata (Discoloration of skin) etc.\textsuperscript{[5]} The Eczema is the nearest clinical entity of modern science which can correlate with Vicharchika.\textsuperscript{[6]} Vicharchika shows pathology with vitiation of tridosha but according to law of predominance it shows Pitta & kapha as major vitiation. The Rakta and Twak is considerably included in pathology as dushya in Vicharchika.\textsuperscript{[2]}

Vicharchika is very old disease mentioned in ancient science among the Kustha. Vicharchika categorized in different way i.e. Kshudra Kushta, Kshudra Roga and Sadhya Kustha. All Kustha are having Tridoshaja origin so, Vicharchika can be said in same way i.e.Kapha is responsible for Kandu, Pitta is responsible for Srava and Shyava indicate the presence of Vata.\textsuperscript{[7]} Despite of its Tridosha origin various Acharyas mentioned different dominancy in Vicharchika i.e. Kapha\textsuperscript{[8]} Pitta\textsuperscript{[9]} Vata-pitta Pradhana\textsuperscript{[10]} which also suggest specific symptom complexes.

A similar clinical presentation in modern dermatology is seen in Eczema, which is defined as a non-contageous inflammation of the skin characterized by erythema, scalling, oedema, vesiculation and oozing. Regarding treatment point of view, P. N. Behl consists to some palliative and conservative treatment in ‘The Practice of Dermatology’. It is also said that no specific medicaments can cure eczema; few drugs are available only for symptomatic relief.\textsuperscript{[3]} Hence, modern dermatology applies systemic and local application of Corticosteroids for the control the eczema. The use of steroids is not often a sate measure, as it can produce serious complications like peptic ulcer, neuro-psychiatric reactions, diabetes, diminution of libido, Cushing’s syndrome etc. similarly electrotherapy, Ultraviolet therapy, hydro therapy and X-ray therapy etc are having their own limitations in the management of the skin diseases as their neither so popular nor cheaper. Hence, the line of treatment should be simple but sure, easy but effective. A whole world is looking toward Ayurveda for it. In Ayurvedic texts,
there are so many special procedures and hundreds of medicaments as a successful and safer remedy for the chronic derma problems including Vicharchika.

In the present study the management of Vicharchika Kushta was planned by ‘Takzema ointment for external use and ‘Takzema tab.’ for internal use.

These Formulations help in breaking the pathology of Vicharchika considering all above facts present study is undertaken to minimize the disease of Vicharchika by internal and external application of trial drug. In both the formulation most of the drugs are having Deepana, Pachana, Srotoshodhana, Kaphaghna, Kandughna, Kushtghna, Raktaprasadaka, Vranashodhaka and Rasayana properties. According to modern pharmacology these drugs posses Anti-inflammatory, Anti oxidant, Anti allergic, Mast cell stabilizer, Anti histaminic, Antibacterial, Antifungal, Blood purifier and Immunomodulator properties which helps in breaking the pathogenesis of Vicharchika.

AIMS AND OBJECTIVES

Present study was undertaken with following aims & objectives

1. Clinical evaluation of the safety and efficacy of Takzema tab. (oral), Takzema ointment for local application in the management of Vicharchika.

MATERIAL AND METHOD

These are embodied as materials for the presented study.

- Research proforma to note all information of clinical symptoms and demographic.
- Control drugs Takzema Tab. And Takzema ointment(Charak Pharmacy).
**Content of Takzema tablet**

<table>
<thead>
<tr>
<th>S. N.</th>
<th>Name</th>
<th>Botanical name</th>
<th>Family</th>
<th>Ras</th>
<th>Guna</th>
<th>Virya</th>
<th>Vipak</th>
<th>Doshaghnata</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Atsi</td>
<td>Linum usitatissimum</td>
<td>Fabaceae</td>
<td>Madhur, Tikta</td>
<td>Guru, Snigdha</td>
<td>Ushna</td>
<td>Katu</td>
<td>Vatashamak</td>
</tr>
<tr>
<td>2.</td>
<td>Gandhak</td>
<td>Sulpher</td>
<td></td>
<td>Kasaya, Madhur, Tikta</td>
<td>Snigdha</td>
<td>Ushna</td>
<td>Katu</td>
<td>Kaphavatahara</td>
</tr>
<tr>
<td>3.</td>
<td>Manjistha</td>
<td>rubia cordifolia</td>
<td>Rubiaceae</td>
<td>Tikta, Kasaya</td>
<td>Guru, Ruksha</td>
<td>Ushna</td>
<td>Katu</td>
<td>Kaphpittashamak</td>
</tr>
<tr>
<td>4.</td>
<td>Ashwgandha</td>
<td>Withania somnifera</td>
<td>Solanaeae</td>
<td>Madhur, Kasaya</td>
<td>Laghu Snidha</td>
<td>Ushna</td>
<td>Madhur</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Amlaki</td>
<td>Emblica officinalis</td>
<td>Euphorbiaceae</td>
<td>Panchrasa (Alavana)</td>
<td>Laghu, Ruksha</td>
<td>Sheeta</td>
<td>Madhura</td>
<td>Tridoshhara, Pitashamak</td>
</tr>
<tr>
<td>6.</td>
<td>Haritaki</td>
<td>Terminalia chebula</td>
<td>Combretaceae</td>
<td>Kasaya pradhan panchrasa (Alavana)</td>
<td>Laghu, Ruksha</td>
<td>Ushna</td>
<td>Madhura</td>
<td>Tridoshhara, Vatashamak</td>
</tr>
<tr>
<td>7.</td>
<td>Bibhitak</td>
<td>Terminalia belerica</td>
<td>Combretaceae</td>
<td>Kasaya</td>
<td>Laghu, Ruksha</td>
<td>Ushna</td>
<td>Madhura</td>
<td>Tridoshhara, Kaphashamak</td>
</tr>
<tr>
<td>8.</td>
<td>Daruharidra</td>
<td>Berberis aristata</td>
<td>Berberidaceae</td>
<td>Tikta, Kasaya</td>
<td>Laghu, Ruksha</td>
<td>Ushna</td>
<td>Katu</td>
<td>Kaphapitta Shamaka</td>
</tr>
<tr>
<td>9.</td>
<td>Gudichi</td>
<td>Tinospora cardifolia</td>
<td>Menispermaceae</td>
<td>Kasaya, Tikta</td>
<td>Guru, Snigdha</td>
<td>Ushna</td>
<td>Madhur</td>
<td>Tridoshhara</td>
</tr>
<tr>
<td>10.</td>
<td>Vang bhasm</td>
<td></td>
<td></td>
<td>Tikta</td>
<td>Laghu, Ruksha</td>
<td>Ushna</td>
<td>Katu</td>
<td>Kaphavatahara</td>
</tr>
</tbody>
</table>
Content of Takzema ointment

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<td>Ushna</td>
<td>Katu</td>
<td>Vatashamak</td>
</tr>
<tr>
<td>3.</td>
<td>Nimb</td>
<td>Azadirachta indica</td>
<td>Meliaceae</td>
<td>Tikta, Kasaya</td>
<td>Laghu</td>
<td>Sheet</td>
<td>Katu</td>
<td>Kaphapittashamak</td>
</tr>
<tr>
<td>4.</td>
<td>Haridra</td>
<td>Curcuma longa</td>
<td>Zingiberaceae</td>
<td>Katu, Tikta</td>
<td>Ruksa</td>
<td>Ushna</td>
<td>Katu</td>
<td>Kaphavatahara</td>
</tr>
<tr>
<td>5.</td>
<td>Chirayta</td>
<td>swertia chirayita</td>
<td>gentinacea</td>
<td>Tikta</td>
<td>Laghu, Ruksa</td>
<td>Ushna</td>
<td>Katu</td>
<td>Vatapittashamak</td>
</tr>
<tr>
<td>6.</td>
<td>Kumari</td>
<td>Aloevera</td>
<td>Liliacea</td>
<td>Katu</td>
<td>Guru, Snigdha</td>
<td>Sheeta</td>
<td>Katu</td>
<td>Kaphapittashamak</td>
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</tr>
</tbody>
</table>

[A] Selection of Cases
A total 15 patients of Vicharchika (Eczema) were randomly selected for the present study, from the OPD and IPD of NIA Jaipur.

[B] Inclusion criteria
- Patients willing for trial.
- The patients who ages in between 16–70 years were selected.
- The patients having clinical signs and symptoms of vicharchika.
- The patients having complaint less than 5 year duration.

[C] Exclusion criteria
- Below the age of 16 years and above 70 years.
- Patients with illness >5 year.
- Patients with long term Steroid and cytotoxic treatment.
- Patients having concomitant illness like HTN, DM-II, chronic Neuro dermatitis.
- Patients with evidence of malignancy.
- Smoker/ alcoholics and drug abusers.
Pregnant or lactating women.

[D] Criteria for Diagnosis

- Classical signs & symptoms of Vicharchika (Eczema) according to Ayurveda and Modern system of medicine.
- A special Performa was prepared incorporating all the signs & symptoms of Vicharchika and Eczema as well as the Dushti Lakshana of Dosha, Dushya, Srotas and Agni etc. On the basis of the Performa, all the patients of the present study were examined in detail.

[G] CRITERIA FOR ASSESSMENT

- Both Subjective and Objective parameters were employed for assessment of the impact of treatment.

(a) Subjective parameter

- Ayurveda is a subjective science. To give results, objectively and for statistical analysis, following signs and symptoms of Vicharchika was adopted.

SCORING CRITERIA

1. Kandu (pruritis)
   - 0 - No itching.
   - 1 - Mild itching not disturbing normal activity.
   - 2 - Occasional itching disturbs normal activity.
   - 3 - Itching present continuously & even disturbing sleep.

2. Daha (burning)
   - 0 - No burning sensation
   - 1 - Mild type of burning not disturbing normal activity
   - 2 - Occasionally burning disturbing normal activity
   - 3 - Burning present continuously & even disturbing sleep

3. Srava (oozing)
   - 0 - No discharge
   - 1 - Occasional discharge after itching.
   - 2 - Occasional oozing without itching.
   - 3 - Excessive oozing making clothes wet
4. Rukshta (Dryness)
- 0 - No dryness
- 1 - Dryness with rough skin (Ruksha)
- 2 - Dryness with scaling (Khara)
- 3 - Dryness with cracking (Parusha)

5. Pidikotpatti (eruption)
- 0 - No eruption in the lesion
- 1 - Scanty eruptions in few lesions
- 2 - Scanty eruptions in at least half of the lesion
- 3 - All the lesions full of eruption

6. Vaivaranyata (Discoloration)
- 0 - Nearly normal skin colour
- 1 - Brownish red discoloration
- 2 - Blackish red discoloration
- 3 - Blackish discolouration

7. Raji (Thickening of skin)
- 0 - No thickening of skin
- 1 - Thickening of skin but no criss-cross marking
- 2 - Thickening with criss-cross marking
- 3 - Severe lichanification

Statistical Analysis
- The information gathered on the basis of classical symptomatology was subjected to statistical analysis in term of mean (X), standard deviation (SD) and standard error (SE). Paired, $t^*$ test was carried out at $P<0.10$, $P<0.05$, $P<0.01$, $P<0.001$ significance level. The obtained results were interpreted as
- Insignificant - $P>0.05$
- Significant - $P<0.05$
- Highly significant - $P<0.01$, $P<0.001$
Observation Study

In present Clinical trial total 15 patients were registered. Among 15 patients, 86.66% were male while remaining i.e. 13.33% patients were female. The maximum number i.e. 43.33% of patients were in age group of years 16-30. The data of Deha Prakriti illustrated that maximum figures of patients i.e. 53.33% had Vatakapha Prakriti, while 26.66% were of Vata-Pitta Prakriti and 20% patients had Pitta-Kapha Prakriti. As far occupation concerned maximum number of patients was in general official services i.e.60%, 13.33% were in business,20% were housewives. 73.33%.

Patients from urban resident & 26.66% were from rural areas. Religion showed 80% Hindu and 20 % Muslims were observed. On the basis of socioeconomic approach 46.66% were middle class, 33.33% were poor and 13.33 % were rich. As per educational status all patients i.e.100% were literate. (Table no 1) Vicharchika exhibited 53.33% as Shushka variety and 46.66% suffered from Sravi. Presence of the cardinal symptom of Vicharchika like Vaivarnyata (86.66%), Kandu (100%), Pidaka 70%, Raji 73.33%, Rukshata (76.66%) and (76.66%) proved their prevalence.

RESULT

All the Results are calculated by using Software: In Stat Graph Pad 3.

For Nonparametric Data Wilcoxon matched-pairs signed ranks test is used while for Parametric Data Paired 't' Test is used.

Table 1: Showing Effect of Therapy on Subjective parameters. (Wilcoxon Matched Pairs Single Ranked Test).

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean BT</th>
<th>Mean AT</th>
<th>MeanDiff.</th>
<th>% Relief</th>
<th>SD±</th>
<th>SE±</th>
<th>p value</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kandu</td>
<td>1.46</td>
<td>0.26</td>
<td>1.20</td>
<td>82.19%</td>
<td>0.94</td>
<td>0.24</td>
<td>0.0005</td>
<td>HS</td>
</tr>
<tr>
<td>Srava</td>
<td>2.06</td>
<td>1.2</td>
<td>0.86</td>
<td>41.74%</td>
<td>0.51</td>
<td>0.13</td>
<td>0.0002</td>
<td>HS</td>
</tr>
<tr>
<td>Daha</td>
<td>1.33</td>
<td>0.53</td>
<td>0.80</td>
<td>60.15%</td>
<td>0.41</td>
<td>0.10</td>
<td>0.0002</td>
<td>HS</td>
</tr>
<tr>
<td>Vaivaran-yta</td>
<td>2.0</td>
<td>1.13</td>
<td>0.86</td>
<td>43%</td>
<td>0.51</td>
<td>0.13</td>
<td>0.0002</td>
<td>HS</td>
</tr>
<tr>
<td>Raji</td>
<td>1.40</td>
<td>0.46</td>
<td>0.93</td>
<td>66.42%</td>
<td>0.79</td>
<td>0.20</td>
<td>0.0005</td>
<td>HS</td>
</tr>
<tr>
<td>Pidika</td>
<td>1.13</td>
<td>0.86</td>
<td>0.26</td>
<td>23%</td>
<td>0.20</td>
<td>0.79</td>
<td>0.1484</td>
<td>NS</td>
</tr>
<tr>
<td>Rukshata</td>
<td>1.60</td>
<td>0.93</td>
<td>0.66</td>
<td>41.25%</td>
<td>0.72</td>
<td>0.18</td>
<td>0.0039</td>
<td>VS</td>
</tr>
<tr>
<td>EASI Score</td>
<td>7.72</td>
<td>3.72</td>
<td>3.99</td>
<td>51%</td>
<td>3.34</td>
<td>0.86</td>
<td>0.001</td>
<td>HS</td>
</tr>
</tbody>
</table>
Effect of Therapy on Kandu
★ The mean Score before treatment was 1.46 which lowered down to 0.26 after treatment, with SD± 0.94 giving a relief of 82.19% which was statistically highly significant. \( p = 0.0005 \).

Effect of Therapy on Srava
★ The mean Score before treatment was 2.06 which lowered down to 1.2 after treatment, with SD±0.51 giving a relief of 41.74% which was statistically highly significant. \( p = 0.0002 \).

Effect of Therapy on Daha
★ The mean Score before treatment was 1.33 which lowered down to 0.53 after treatment, with SD±0.41 giving a relief of 60.15% which was statistically highly significant. \( p = 0.0002 \).

Effect of Therapy on Rukshta
★ The mean Score before treatment was 1.60 which lowered down to 0.93 after treatment, with SD± 0. Giving a relief of 41.25% which was statistically very significant. \( p = 0.0039 \).

Effect of Therapy on Pidika
★ The mean Score before treatment was 1.13 which lowered down to 0.86 after treatment, with SD± 0.20 giving a relief of 23% which was statistically non significant. \( p = 0.1484 \).

Effect of Therapy on Vaivaranyata
★ The mean Score before treatment was 2.0 which lowered down to 1.13 after treatment, with SD±0.51 giving a relief of 43% which was statistically highly significant. \( p = 0.0002 \).

Effect of Therapy on Raji
★ The mean Score before treatment was 1.40 which lowered down to 0.46 after treatment, with SD± 0.79 giving a relief of 66.42% which was statistically highly significant. \( p = 0.0005 \).
Effect of Therapy on EASI score

The mean Score before treatment was 7.72 which lowered down to 3.72 after treatment, with SD± 3.34 giving a relief of 51% which was statistically **highly significant.** (p = 0.0010).

<table>
<thead>
<tr>
<th>Subjective parameters</th>
<th>% Relief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kandu</td>
<td>82.19%</td>
</tr>
<tr>
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<td>Raji</td>
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<tr>
<td>EASI</td>
<td>51%</td>
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</table>

% Relief
DISCUSSION
Takzema tablets are the herbal, non-steroidal remedy for eczema that helps improve the skin’s condition, making life easier. Neem (Melia azadirachta) and Guduchi (Tinospora cordifolia) modulate immune and inflammatory response to reduce the symptoms of eczema, such as dryness, irritation, itching, scratching of the skin and loss of sleep. Haridra (Curcuma longa) protects the skin cell functions and thereby strengthens the skin barrier function. Manjishta (Rubia cordifolia) suppresses the pro-inflammatory reactions to reduce the number of flares of eczema. Daruharidra (Berberis aristata) helps in wound healing and also exhibits antimicrobial activity to prevent secondary infections. Amalaki (Emblica officinalis) is a potent antioxidant, which protects dermal tissues from damaging effects of free radicals. Takzema tablet and ointment are used together for best results. It being a combined drug of many herbal drugs is a liver stimulant that helps in a purifying the Rakta Dhatu & thereby combating Raktadushti. Raktashodhaka & Raktavardhaka drugs control the vitiated Pitta Dosha. It is clear that almost all the drugs are having Kushthaghna, Kandughna, Raktashodhak, Twagdoshahara, Krimighna, Vishaghna and Rasayana properties. As regards to Veerya, majority of the drugs have Ushna Veerya. Ushna Veerya has Vata kaphashamaka property and it has Ashupaka property by which it acts quickly at micro channels.

Takzema ointment is a herbal, non-steroidal topical remedy for eczema. Neem (Melia azadirachta) and Kirattikta (Swertia chirata) modulate immune and inflammatory response to reduce the symptoms of eczema, such as dryness, irritation, itching, scratching of the skin. Haridra (Curcuma longa) protects the skin cell functions and thereby strengthens the skin barrier function. Kumari (Aloe vera) and Triphala suppress the pro-inflammatory reactions to reduce the number of flares. Daruharidra (Berberis aristata) helps in wound healing and also exhibits antimicrobial activity to prevent secondary infections. Alasi oil (Linum usitatissimum) is a potent antioxidant, which protects dermal tissues from damaging effects of free radicals. Gandhaka has antibacterial and antifungal activity (Krimighna). It is effective both internally and topically as a microbicide agent. These Rasapanchakas of Takzema ointment drugs help in eliminating Kandu, Srava and Pidika. Laghu & Ruksha Gunas of dravyas may control the Bahusravi nature of Vicharchika. The maximum drugs have Vatakaphhara property. They directly act on the causative doshas. Eczema is chronic in nature and the itching is main symptom. Due to continuos there is scratching increased
possibility of secondary infections (Bacterial and fungal infection). Takzema Tablet and Takzema ointment both content are having antifungal and antibacterial properties.

CONCLUSION
Vicharchika being a Kshudra Kustha has Kapha dominance & even involvement of tridosha can be evident from its signs & symptoms. Vicharchika in modern parlance has similarity with Eczema & its types. Vicharchika can be seen at any age but more frequent in young age due to exposure to occupational, environmental factors mental stress and smoking. Drugs of Takzema ointment have Ruksha Guna. Ruksha Guna has Shoshana Shakti Twak, Rakta, Mamsa and Lasika are Dushya of Vicharchika (Kushta). In Takzema tablet most of drugs are Deepana and Pachana. So, this Aushadha causes Rasa Shuddhi. Medicine Tab. Takzema and Takzema ointment for local application is found effective in reducing vicharchika. Than we conclude from the above discussion that tab. Takzema and Takzema cream is a potent treatment for eczema because combined use of tab. Takzema and Takzema cream reduce the symptoms of vicharchika like Kandu, Srava, Daha, Vaivaranyak, and razi shows highly significant result and Rukshta show very significant result.

REFRANCES
