



COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFICACY OF TABLET RUBYCLIN AND TABLET TAKZEMA IN THE MANAGEMENT OF VICHARCHIKA W.S.R.TO ECZEMA

Kulkarni Eknath Ganesh¹, Deshmukh Babasaheb Rangarao², Pal Sunil Hariram³,
Kulkarni Rajan Balwant⁴

¹Associate Professor, PG Deptt. Of Kayachikitsa, A.S.S. Ayurved Mahavidyalaya Arogyashala Rugnalaya, Panchavati, Nashik 422003, Maharashtra, India.

²P.G. Scholar, PG Deptt of Kayachikitsa, A.S.S. Ayurved Mahavidyalaya Arogyashala Rugnalaya, Panchavati, Nashik-422003, Maharashtra, India.

³P.G. Scholar, PG Deptt Of Kayachikitsa, A.S.S. Ayurved Mahavidyalaya Arogyashala Rugnalaya, Panchavati, Nashik-422003, Maharashtra, India

⁴H.O.D Kayachikitsa, A.S.S. Ayurved Mahavidyalaya Arogyashala Rugnalaya, Panchavati, Nashik- 422003, Maharashtra, India.

ABSTRACT

Vicharchika is a type of *Kshudrakustha* a skin disease which is characterized by symptoms namely, *kandu* (itching), *pidaka* (eruption), *vaivarnya* (depigmentation) and *srava* (discharge). *Vicharchika* is often correlated to eczema based on the clinical presentations. Eczematous diseases mark more than 10% of the general population and 15-25% of all dermatological patients suffer from eczema. While a large number of drugs are used for treating eczema, but there is either no scientific evidence to support their use or they have undesirable side effects. Therefore, there is a need to provide treatment options that are safe and effective. Now-a-days, many *Ayurvedic* companies are manufacturing many new medicines based on classical *Ayurvedic* texts. So, there is a need of validation of these new medicines for the use of all *Ayurvedic* practitioners in day to day practice. Tablet *Rubyclin* is such a new medicine manufactured by GMP certified *Ayurvedic* Company. Hence, the present study was carried out with an objective to compare the efficacy of Tablet *Rubyclin* with that of Tablet *Takzema* in *Vicharchika*.

Study Design: The study was Single Blind Comparative Study conducted on 60 patients of *Vicharchika* of either sex. Patients were randomly recruited to trial group and standard group of 30 each. The trial group patients were advised Tablet *Rubyclin* and the controlled group were prescribed Tablet *Takzema*, 2 Tablet twice in a day after meal same for both groups for 30 days.

Results: From the Clinical study we had concluded that, according to the EASI severity score Tablet *Rubyclin* is better than Tablet *Takzema* in relieving signs and symptoms like *Kandu* (itching), Redness and scratching. As for the parameters like *Kandu* (itching), *Pidaka* (eruption), *Vaivarnya* (depigmentation), *Srava* (discharge) both Tablet *Rubyclin* and Tablet *Takzema* shows equally effective in the management of *Vicharchika* w.s.r.t Eczema. The Tablet *Rubyclin* and Tablet *Takzema* are equally effective in the management of *Vicharchika* w.s.r. to Eczema.

Keywords: *Vicharchika*, Eczema, Atopic Dermatitis, *Ayurveda*, *Rubyclin*, *Takzema*

INTRODUCTION: According to *Pradoshaja vikara* being involved of all *Ayurveda* *Vicharchika* is *Rakta* three *Doshas* with dominance of *Kapha*

*dosha*¹. Though, it is *Kshudra Kushtha*, it goes a chronic course and has a tendency of exacerbations. *Vicharchika* can be correlated with eczema from modern system of medicine stand point which is a form of dermatitis, or inflammation of the upper layers of the skin. The term eczema is broadly applied to a range of persistent or recurring skin rashes characterized by redness, skin edema, itching, with possible crusting, flaking, blistering, cracking, oozing or bleeding². There are many causes of *Vicharchika*, excessive consumption of foods that are dry, stale and cold, salty, spicy sour, fermented or fried, late night work schedules, regular late-night dinners, excessive physical, mental and sexual activities and the stress is responsible for causing *Vicharchika*. Excessive intake of teas, coffee, alcoholic beverages, aerated drinks, indigestion, constipation, acidity or flatulence too can cause eczema³.

Eczematous diseases are very common with an estimated prevalence of more than 10% in the general population. According to statistics, 15-25% of all dermatological patients suffer from eczema. Surveys have shown that the prevalence of eczema is increasing. Eczema is a common chronic or relapsing dermatitis characterized by intense pruritus⁴.

In maximum of cases, patients of *Vicharchika* (Eczema), patient who do not get much benefit from the treatment of modern medicine, come for Ayurveda

treatment with a great hope for curing their disease.

So in order to manage *Vicharchika*, There are many new *Ayurvedic* formulations in the market. Scientific about the efficacy of these new drugs is the need of the time. So this comparative study of two market preparations was undertaken

AIM: To Compare and evaluate the efficacy of Tablet *Rubyclin* and Tablet *Takzema* in the management of *Vicharchika* w.s.r.t. Eczema.

OBJECTIVES:

- 1) To evaluate the efficacy of Tablet *Rubyclin* in *Vicharchika* w.s.r.t Eczema.
- 2) To compare the efficacy of Tablet *Rubyclin* and Tablet *Takzema* in *Vicharchika* w.s.r.t Eczema.

MATERIALS:

Materials for Treatment: Drugs:

- Group 1 (Trial Group) - Two Tab *Rubyclin* (twice daily after meal)
- Group 2 (Control Group) - Two Tab *Takzema* (twice daily after meal).

METHODOLOGY:

1. Type of Study Design- Comparative, Controlled, Clinical Study.
2. Setting (Location of study) – Total 60 patients of *Vicharchika* (Eczema) were randomly selected for the present study from OPD and IPD of *Kayachikitsa* Department at A.S.S. *Ayurved Mahavidyalaya Arogyashala Rugnalaya, Panchavati Nashik.*

Dose and Duration of Treatment [Table 1]

Points	Group A	Group B
No. of Patients	30	30
Clinical Intervention	2 Tablets of <i>Rubyclin</i> each weighing 600 mg twice daily after meal.	2 Tablets of <i>Takzema</i> each weighing 645 mg twice daily after meal.
Mode	Orally	Orally

Kala	Vyanodana	Vyanodana
Anupana	Ushnodaka	Ushnodaka
Duration	30 Days	30 Days
Follow- up	0 th , 15 th , 30 th	0 th , 15 th , 30 th

Drug Review:

Group A (Trial Group) - Tablet Rubyclin^{5,6} [Table 2]

Sr No.	Name of Herb	Latin name	Family	Rasa	Gun a	Vipak a	Virya	Karmukta
1	<i>Khadira</i>	Acacia catechu	Leguminosae	Tikta, Kashaya	Laghu, Ruksaha	Sheeta	Katu	Kaphapittahara, Raktashodhaka, Kushtaghna, Krmighna.
2	<i>Kutaki</i>	Picrorrhiza kurroa	Scrophulariaceae	Katu, Tikta	Laghu	Katu	Ushna	Hridaya, Pittahara, Deepaniya, Bhedini, Jvarahara
3	<i>Aragvaha</i>	Cassia fistula	Leguminosae	Madhura	Guru	Madhura	Sheeta	Koshtashudhikara, Kushtaghana
4	<i>Pippali</i>	Piper longum	Piperaceae	Katu	Guru	Madhura	Anushna	Kushtaghana
5	<i>Sahachara</i>	Barleria prionitis	Acanthaceae	Tikta	Laghu	Katu	Ushna	Vatakaphaghna, Kushthaghna, Kandughna, Vishaghna
6	<i>Karanja</i>	Pongamia pinnata	Leguminosae	Tikta	Laghu	Katu	Ushna	Kandughana, Vranaghana
7	<i>Nimba</i>	Azadiracta indica	Meliaceae	Tikta	Laghu	Katu	Sheeta	Kushtaghana,

					<i>Ruks ha</i>			<i>Kandughana</i>
8	<i>Chakramarda</i>	Cassia tora	Leguminosae	<i>Katu</i>	<i>Laghu, Ruks ha</i>	<i>Katu</i>	<i>Ushna</i>	<i>Dadrughana, Kandughana</i>
9	<i>Vidanga</i>	Embelia aristata	Myrsinaceae	<i>Katu</i>	<i>Laghu</i>	<i>Katu</i>	<i>Ushna</i>	<i>Krimighana, Agnidipana</i>
10	<i>Haridra</i>	Curcuma longa	Zingiberaceae	<i>Tikta</i>	<i>Laghu</i>	<i>Katu</i>	<i>Ushna</i>	<i>Kaphavataghna, Kushthaghnā, Pramehaghna, Kandughna</i>
11	<i>Shweta Sariva</i>	Hemidesmus indicus	Asclepiadaceae	<i>Tikta</i>	<i>Guru</i>	<i>Madhura</i>	<i>Sheeta</i>	<i>Tridoshaghna, Aamvishnashana, Raktapradara, Jwara, Atisara</i>
12	<i>Manjistha</i>	Rubia cordifolia	Rubiaceae	<i>Tikta</i>	<i>Laghu</i>	<i>Katu</i>	<i>Ushna</i>	<i>Varnya, Vishaghana</i>
13	<i>Gorakmundi</i>	Sphaeranthus indicus	Compositae	<i>Tikta, Katu</i>	<i>Laghu, Ruks ha</i>	<i>Katu</i>	<i>Ushna</i>	<i>Tridoshasha maka, Rasayana</i>
14	<i>Bakuchi</i>	Psoralea corlifolia	Papilionaceae	<i>Katu, Tikta</i>	<i>Laghu, Ruks ha</i>	<i>Katu</i>	<i>Ushna</i>	<i>Vatakaphaghna, Shwitrahara</i>
15	<i>Ela</i>	Elettaria cardamom	Zingiberaceae	<i>Katu, Madhura</i>	<i>Laghu, Ruks ha</i>	<i>Katu</i>	<i>Sheeta</i>	<i>Kaphavataghna</i>

16	Twaka	Cinamnomum cassia	Lauraceae	Katu, Tikta	Ruks ha, Laghu	Katu	Ushna	Kaphavataghna
17	Amalaki	Emblica officinalis	Euphorbiaceae	Amla	Snigdha	Madhura	Sheeta	Tridosahara, Rasayana
18	Haritaki	Terminalia chebula	Combretaceae	Kashaya	Ruks ha, Laghu	Madhura	Ushna	Anulomana, Rasayana, Deepana, Pachana
19	Vibhitaki	Terminalia belerica	Combretaceae	Pancharasa (Amlarasa varjita)	Ruks ha, Laghu	Madhura	Ushna	Kaphapittaghna, Bhedana Kriminashaka
20	Shunthi	Zinziber officinale	Zingiberaceae	Katu	Guru, Ruks ha	Madhura	Ushna	Balances Kapha
21	Daruhari dra	Berberis aristata	Berberiada ceae	Kashaya, Tikta	Ruks ha, Laghu	Katu	Ushna	Balances Pitta, Kapha, Kandughna

Bhavana Dravya of Tablet Rubyclin^{5,6} [Table 3]

Name of Herb	Latin Name	Family	Karmukta
Madyantika	Lawsonia inermis	Lythraceae	Kandughana, Kandughana
Chakramarda	Cassia tora	Leguminosae	Dadrughana, Kandughana
Jatipatra	Jasminum officinale	Oleaceae	Vranaropana, Kushtaghana
Tamalpatra	Cinamomum tamala	Lauraceae	Lekhya, Deepana
Nagkeshara	Mesua ferrea	Guttiferae	Kandughana, Dauraghandanashaka, Agnideepana.

Group B (Controlled Group)⁷ - Tablet Takzema [Table 4]

Sr No	Name of Herb	Latin Name	Family	Rasa	Guna	Vipaka	Virya	Karmukta

1	<i>Nimba</i>	Azadirac ta indica	Meliaceae	<i>Tikt a</i>	<i>Laghu, Ruksh a</i>	<i>Katu</i>	<i>Sheet a</i>	<i>Kushtaghana, Kandughana</i>
2	<i>Guduchi</i>	Tinospor a cordifoli a	Menispermac eae	<i>Kat u, Tikt a</i>	<i>Laghu, Snigdh a</i>	<i>Madhur a</i>	<i>Ushn a</i>	<i>Rasayana, Sangrahini, Doshatrayaha ra</i>
3	<i>Haridra</i>	Curcuma longa	Zingiberaceae	<i>Tikt a</i>	<i>Laghu</i>	<i>Katu</i>	<i>Ushn a</i>	<i>Kaphavatagh na , Kushthaghna, Pramehaghna , Kandughna</i>
4	<i>Manjist ha</i>	Rubia cordifoli a	Rubiaceae	<i>Tikt a</i>	<i>Laghu</i>	<i>Katu</i>	<i>Ushn a</i>	<i>Varnya, Vishaghana</i>

Standardization of product⁸ [Table 5]

The parameters checked for standardization report of Tab *Rubyclin* were obtained as follows.

Sr. No	Parameters	Value
1	Disintegration Time	18 minutes
2	Friability	Pass
3	Weight of 10 tablets	6.0391 gms
4	Hardness in kg/cm²	3
5	Average Weight	0.6039 gms
6	Description	Black colored round tablet
7	Taste	<i>Tikta, Kashaya rasa</i>

METHOD OF SELECTION OF STUDY SUBJECT:

A) Inclusion criteria

1. Age group- 18 to 60 years.
2. Patients with clinical features of *Vicharchika* having signs and symptoms namely *Kandu* (itching), *Pidaka* (eruption), *Vaivarnya* (depigmentation) and *Srava* (discharge).
3. Patients of both gender were selected.
4. Understanding and being willing to sign the informed consent form.

B) Exclusion criteria

1. Patients having severe systemic diseases or condition along with *Vicharchika*.
2. Pregnant & Lactating woman.

C) SUBJECT WITHDRAWAL CRITERIA:

1. Occurrence of serious adverse events,
 2. Patient willing to discontinue treatment,
 3. Patient lost for two consecutive follow ups during treatment,
- If any adverse effects are noted while conducting clinical trial, such patients were excluded from the study. No such adverse events were noted.

Method of selection of group:

- Patient were screened for proposed study.
- Screened 60 patients those fulfilling the inclusive, exclusive criteria and were willing to give information were randomized to Group A and Group B. (30 Patient in each group).

Investigation:

1. Complete Blood Count (CBC)
2. Erythrocyte Sedimentation Rate (ESR)

Appropriate Methods of Measurement

Assessment criteria: Assessment of signs and symptoms was done by adapting suitable scoring method. Apply Before Starting Treatment (Day-0) and After Treatment (Day-30)

Criteria for Assessment

A] Subjective criteria:

- *Kandu* (Itching)
- *Pidaka* (Eruption)
- *Vaivarnya* (Depigmentation)
- *Srava* (Discharge)

Kandu (Itching) [Table 6]

Grade	Score
Absent	0
Mild or occasional itching (1 -2 times in a day)	1
Itching on and off	2
Continuous itching without disturbance in routine	3
Continuous itching with disturbance in routine even in sleep and blood spot came out	4

Pidaka (Eruption) [Table 7]

Grade	Score
No eruption	0
Scanty eruption in few lesion	1
Scanty eruption in at least half of the lesion	2
All the lesions full of eruption	3

Vaivarnya (Depigmentation) [Table 8]

Grade	Score
Normal skin color	0
Brownish red discoloration (<i>Rakta</i> or <i>Aruna varna</i>)	1
Blackish red discoloration (<i>Shyava varna</i>)	2
Blackish discoloration (<i>Krushna varna</i>)	3

Srava (Discharge) [Table 9]

Grade	Score
Absent	0
Moisture on the skin lesion	1
Weeping from the skin after itching	2
Weeping from the skin	3
Profuse Weeping making cloths wet	4

Severity score⁹ [Table 10]: Severity score is recorded for each of the four regions of the body. The severity score is the sum of the intensity scores for four signs.

The four signs are:

1. Redness (erythema, inflammation)
2. Thickness (induration, papulation, swelling—acute eczema)

3. Scratching (excoriation)

4. Lichenification (lined skin, furrowing, prurigo nodules-chronic eczema).

Score	Intensity of Redness, Thickness/ swelling, Scratching, Lichenification
0	None, absent
1	Mild (Just perceptible)
2	Moderate (Obvious)
3	Severe

The average intensity of each sign in each body region is assessed as: - none (0), mild (1), moderate (2) and severe (3). Half scores are allowed. The 16 images below have been chosen as typical examples of different intensities of each sign [Figure 1].

Overall Assessment Criteria: Clinical assessment was done at every follow up and accordingly all minute changes in the signs and symptoms was recorded. Results was interpreted with the help of Statistical analysis as follows.

OBSERVATION:

Age wise distribution: Out of 60 participants in study 28 (53%) were male and 32 (47%) were females.

Prakruti wise distribution: Out of 60 participants in study 23 (39%) had prakruti pittakaphaja, 15 (25%) vatakaphaja, 17 (28%) showed kaphapradhana, 1 (2%) showed pittapradhana prakruti, 2 (3%) had tridoshaja, 2 (3%) showed vatapittaja prakruti.

Specific Age wise distribution: Out of 60 subjects 2 (3%) were from age group 18-20 years , 12 (20%) from 21-30 years, 9 (15%) from 31-40 years, 14 (23%) from 41-50 years, 1 (2%) from 51-60 years.

Hetu wise distribution: Subjects showing cause of Virudha ahara were 17%, Adhika drav ahara 10%, Snigdha sevana 8%, Guru sevana 7%, Vega dharana 5%, Bhojannotara vyayama 1%, Sheet jalapana 12%, Amla sevana 12%, Adhyashana 5%, Matsya sevana 9%, Diwaswapa 14%, Panchakarma mithyayoga 0%.

Symptom wise distribution: Symptom wise distribution showed Karshnya- 24%, Vaivarnya- 15%, Daha- 14%, Asweda- 11%, Kothonnati- 10%, Atisweda- 9%, Atikhara sparsha - 8%, Toda- 6%, Atishlakshna sparsha- 4%.

Body region wise distribution: Showed subjects with eczema on upper limbs was 35%, lower limbs was 54%, Head & Neck was 11%.

Statistical Analysis: Two samples of 30 patients each are treated with Tablet Rubyclin and Tablet Takzema. For each parameter the reading/ score at the reporting day i.e. before treatment is recorded and then at the end of treatment i.e. after treatment readings/scores are recorded for same parameters.

Paired t test is applied at 95% confidence level and 29 degrees of freedom using the recorded scores separately for each tablet for every parameter.

Comparison Analysis of Tablet Rubyclin and Takzema [Table No 11]

Parameter	Mean Score	S. D.	SE	t value	p value	Remark		
<i>Rubyclin</i>								
<i>Takzema</i>								
Redness	0.8333	1.4	0.969	0.9165	0.245	2.2879	P<0.05	Significant

Thickness	0.9	0.9	0.8699	0.837	0.2236	0	1	Not Significant
Scratching	1.1	2.7667	0.7895	4.0799	0.7746	2.1598	P<0.05	Significant
Lichenification	1	1.4867	0.8564	1.4177	0.3	1.5824	0.119	Not Significant
EASI Score	2.7933	4.7214	1.927	2.6552	0.6164	3.1247	P<0.05	Significant
Kandu	1.8	2.5	0.8327	0.7188	0.02	3.4269	P<0.05	Significant
Shyava Pidaka	1.5	1.6	1.0567	1.0198	0.2646	0.3667	0.7152	Not Significant
Rukshata	1.5333	2.0667	1.1757	0.9978	0.2828	1.8626	0.0676	Not Significant
Srava	0.9667	0.8667	0.9123	0.9911	0.245	- 0.3998	0.6908	Not Significant

Between Group Analysis of Lakshanas and EASI Score¹⁰: To compare effectiveness of two medicines Tablet Rubyclin and Tablet Takzema in management of Vicharchika with special reference to Eczema, various parameters are compared of these two groups separately treated with these medicines using unpaired t test at 95% confidence level and 58 degrees of freedom.

RESULT:

- The obtained results are shown in [Figure 2] Bar graphical representation, it is seen that for the parameters redness, scratching, EASI score and Kandu there is significant difference between the average readings/scores of two tablets and Tablet Rubyclin is better than Tablet Takzema. While for the rest of the parameters viz. thickness, lichenification, shyava pidaka, rukshata and srava there Tablet Rubyclin is equally effective as Tablet Takzema.
- Also it can be seen that Area score of eczema decreased after treatment with Tablet Rubyclin. [Figure 3]
- Comparison of Tablet Rubyclin & Tablet Takzema for different parameters based on the difference of before and after treatment readings/scores.

- Overall the Graph chart [Figure 4] concluded that both the tablets are equally effective in management of Vicharchika with special reference to Eczema and can be used for treatment of the disease.

DISCUSSION: The drug used for trial group was Tablet Rubyclin which contains 14 main drugs and 11 drugs used as a prakshepa dravya. Most of the drugs included in Tablet Rubyclin have Kapha-Vataghna and Kapha Pittaghna due to Tikta, Kashaya and Madhura Rasa. All the drugs except Aragvadhā have Katu vipaka. As described in Charaka Samhita, Katu rasa acts as Kandughna and Vranaavasādaka, Tikta rasa acts as Kandughna and Kushthaghna and gives stability Sthirakarana to Twaka and Mamsa while Kashaya rasa acts as Kledopshoshaka and Vranaropaka. Most of the drugs containing in Tablet Rubyclin described in Kushthaghna, Kandughna and Varnya Mahakashaya of Charaka Samhita. Sheeta veerya act as a Dahaprashamana while Ushna veerya eliminates Srotoavarodha. In short, all the drugs included in Tablet Rubyclin have Raktashodhaka, Raktaprasādaka, Kandughna, Kushthaghna, Varnya, Shothara properties.

1. *Khadira- Raktaprasadana, Shothahara, Kushthaghna*
2. *Sariva (Shweta) - Raktashodhaka, Shothahara.*
3. *Munditika- Raktashodhaka, Shothahara, Kushthaghna, Krimighna.*
4. *Madyantika- Raktaprasadana, Shothahara, Kushthaghna.*
5. *Sahachara- Raktashodhaka, Shothahara, Kandughna, Kushthaghna, Vishaghna.*
6. *Karanja- Raktaprasadana, Shothahara, Raktashodhaka, Kandughna, Kushthaghna, Krumighna.*
7. *Nimba- Raktashodhaka, Kandughna, Kushthaghna, Dahaprashamana.*
8. *Chakramarda- Raktaprasadana, Kushthaghna, Krumighna, Vishaghna.*
9. *Vidanga- Raktashodhaka, Varnya, Kushthaghna, Krumighna.*
10. *Daruharidra- Raktashodhaka, Varnya, Kandughna.*
11. *Manjistha- Raktashodhaka, Varnya, Raktaprasadana, Vranaropana, Kushthaghna, Vishaghna.*
12. *Dhataki- Kushthaghna, Krimighna, Vranaropana, Vishaghna.*
13. *Aragvadha- Raktashodhaka, Shothahara, Vedanasthapana, Kushthaghna, Kandughna.*

According to Modern science:

1. *Khadira- Astringent, Antioxidant, Skin lightening property.*
2. *Sariva- Antioxidant, Skin whitening property.*
3. *Munditika- Antioxidant, Hepato-protective.*
4. *Madyantika- Anti-inflammatory, Anti-bacterial, Antioxidant*
5. *Karanja- Antibacterial.*
6. *Nimba- Antibacterial, Antioxidant.*
7. *Daruharidra: Anti-inflammatory, Antioxidant.*

8. *Manjistha: Make complexion even and lighten dark spots¹⁰.*

From the above information it is concluded that, Tablet *Rubyclin* (Ruby-Bloody red) has following properties which are useful in treatment of *Vicharchika*.

Tablet *Rubyclin*

1. Eliminates toxins from blood stream and purifies blood.
2. Reduces sero-sanguineous, purulent discharge.
3. Antiseptic, astringent, antibacterial, antifungal.
4. Improves microcirculation in the skin tissues.
5. Antihistaminic and anti-inflammatory.
6. Soothes irritation and itching.

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. *Manjistha* (*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* (*Embllica officinalis*) is a potent antioxidant, which protects dermal tissues from damaging effects of free radicals.

The role of immune dysfunction and inflammatory mediators with respect to eczema has been a subject of intense inquiry. IgE-mediated hypersensitivity

reactions are largely regulated by T-lymphocytes and it is generally accepted that the increased prevalence of eczema in recent years is due to a disturbed balance of Th1 cells and Th2 cells with a clear predominance of Th2 cells.¹²

CONCLUSION: Clinical evaluation of newer *Ayurvedic* Drugs in the market on the basis of Modern Research Methodology is necessary for the benefits of *Ayurvedic* practitioners as well as the patients. In this study the newer *Ayurvedic* Drugs like Tablet *Rubyclin* & Tablet *Takzema* were clinically evaluated by using guidelines of Modern Research Methodology. The necessary statistical test were applied for the evaluation of the result and observations. As far as cost is concern, Tablet *Rubyclin* is cheaper than Tablet *Takzema* and affordable to the patients. According to the EASI severity score. Tablet *Rubyclin* is better than Tablet *Takzema* in relieving signs and symptoms like *Kandu* (itching), Redness and scratching. As for the parameters like *Kandu* (itching), *Pidaka* (eruption), *Vaivarnya* (depigmentation), *Srava* (discharge) both Tablet *Rubyclin* and Tablet *Takzema* shows equally effective in the management of *Vicharchika* w.s.r.t Eczema.

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Corresponding Author: Dr. Sunil Hariram Pal, P.G. Scholar, PG Deptt Of Kayachikitsa, A.S.S. Ayurved Mahavidyalaya Arogyashala Rughalaya, Panchavati, Nashik-422003, Maharashtra, India, Email- sunilpl75@gmail.com
Email: sunilpl75@gmail.com

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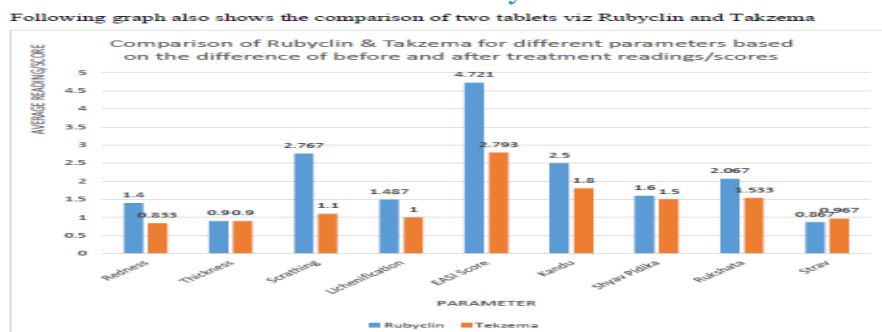
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[Figure 1] EASI Severity Score

Intensity	None	Mild	Moderate	Severe
Redness				
	Score 0	Score 1	Score 2	Score 3
Thickness/Induration Papulation/ oedema				
	Score 0	Score 1	Score 2	Score 3
Scratching				
	Score 0	Score 1	Score 2	Score 3
Lichenification/prurigo				
	Score 0	Score 1	Score 2	Score 3

Four signs of eczema used to calculate EASI severity score

[Figure 2] Graphical representation of Before and After Treatment with Tablet Rubyclin



Overall it can be concluded that both the tablets are equally effective in management of Vicharchika with special reference to Eczema and can be used for treatment of the disease.

[Figure 3] Before and After Treatment



[Figure 4] Bar Graph parameter Comparison of Tablet Rubyclin & Tablet Takzema

