

Effectiveness of Nimbadi Taila on Eczema Symptoms

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ABSTRACT

The present study evaluates the effectiveness of Nimbadi Taila on eczema (Pama) symptoms, a common dermatological condition described in Ayurveda with predominance of pitta and kapha doshas. A total of 25 patients suffering from Pama and its variants were treated using a combined therapeutic approach including Virechana, internal medications, and external application of Nimbadi Taila. The treatment focused on alleviating key symptoms such as kandu (itching), daha (burning sensation), srava (oozing), and vedana (pain). Noticeable improvement was observed within 3–5 days in most patients, with 76% achieving significant relief within two weeks. The formulation demonstrated effective anti-inflammatory, antipruritic, and healing properties without adverse effects. The study suggests that Nimbadi Taila is a safe and efficacious remedy for managing eczema symptoms in Ayurvedic practice.

KEYWORDS: *Nimbadi Taila, Eczema, Pama, Ayurveda, Kandu, Daha, Herbal Therapy, Skin Disorders, Kapha-Pitta*

INTRODUCTION

Pama or Eczema, in its various forms, is by far the commonest skin disorder. It constitutes 30 per cent of all the skin disorders and 2 to 3 percent of all the medical problems put together in our

country. Its Nidana or aetiology is also complex and varies from case to case. According to Charaka and Vagbhata, it is caused due to the predominance of pitta & kapha. According to Sushruta it is a disorder of predominance of pitta.

The common sites of involvement are sphik (thighs), Pani (hands and palms), Kurpara (elbows) according to Vagbhata. it is characterised by grouped pidakas with Kandu, daha, srava and vedana. It may be white, red or black.

If Nitamba, hasta and pada are involved, the condition is termed as Kachchhu by Sushruta. It appears to be, that Vrushana Kachchhu also is a form of pama of vrushanas, which is caused due to the predominance of kapha and rakta. Arunshika is also a term which denotes the involvement of head with similar symptoms of pama. According to Charaka, Vicharchika also appears to be an advanced form of pama. But description of Vicharchika and Vipadika of Sushruta is analysed by Gayadasa are dry eczemas of hasta and pada respectively. Hence, Kachchhu, Vrushana Kachchhu, arunshika and Vicharchika all appear to be the forms of Pama.

Nimbaditaila, is an anubhutayoga which contains mainly Nimba, Durva, Haridra and Yashtimadhu. It is found to be very efficacious in a variety of skin affections associated with Kandu, srava, daha etc., Hence the present study is aimed to try this drug on cases of Pama and its other forms of skin affections.

MATERIAL AND METHOD

25 cases of Pama and its other forms of all age groups formed the material for the present study.

Diagnosis:

The criteria for diagnosis and assessment of progress was mainly based on the following signs and symptoms.

Signs:

1. Grouped pidakas (papulovesicles) which may turn to sphotas (pustules)
2. Shotha (oedema) and ruja (erythema)

3. Srava (weeping) and crusting.

Symptoms:

1. Kandu or itching is the invariable symptom in all the cases.
2. Daha or Burning sensation.
3. Vedana (pain).

Drug:

Nimbadi taila an anubhutayoga is prepared as follows:

Kwatha is prepared with 2 Kgs. of nimbapatra and 3 Kg. of haridra. Kalkam is prepared with 3 Kg. of Yashtimadhu and one fourth Kg. of black sesume seeds. 3 Ltrs. of Doorva swarasa and 3 Ltrs. of Tiltaila is added and tailam is prepared in the usual way.

Treatment:

Following line of treatment was adopted in General:

1. Virechana has been given to all the patients at the begining and repeated whenever the necessity was felt.
2. Arogyawardhani vati 1 Tablet of 250 mg. has been administered 3 times a day with manjishtadi Quatha 15 to 30 ml. for adult patients. For Children the dose was adjusted accordingly.
3. Triphala Quatha or Nimbapatra Quatha was used for prakshalana of the affected parts.
4. Nimbadi taila has been applied externally on the affected parts twice a day.

The patients were advised to avoid all known irritants, physical, mental and dietic. Normal pathyahas have been advised.

OBSERVATIONS:**1. Age and Sex incidence:**

The patients were studied according to their age and sex. The patients ages ranged from 2 years to 53 years. The maximum incidence was observed in those who are below 20 years of age i. e. 16 or 64%. It is observed on the basis of the present study that females are slightly more prone to this disease giving a ratio of 1 male: 1.3 females.

2. Incidence of Prakruti:

The highest No, of cases of this study were of Kaphaprakruti i. e. 12 or 48%. There were 8 or 32% cases of pittaprakruti and 5 or 20% cases of vataprakruti people.

3. Familial or personal history:

There were 14 or 56% cases in this study gave the history of hereditary or personal tendency of this disease.

4. Aetiological factors and sites of involvement:

It is very difficult to elicit the factors responsible to cause these conditions in the majority of the cases.

There were 4 cases of children in whom Pama particularly affected the scalp which can be termed as Arunshika. In 2 cases of females pama appeared on the forehead where the kumkum is applied. It is Presumed that the cause is asatmyata of the kumkum. There was one case of a young adult patient in whom pama started after shaving on beard and moustaches, the cause of which is presumed to be the infiltration of causative germs. There were 3 cases of pama on feet which have been developed after trauma. There were two stout male cases in whom pama developed particularly on the vrushanas and its associated parts. There were 5 cases of children in whom pama developed on the cheeks, fore arms and legs.

There were 4 female cases in whom pama developed on the face which is presumed to be due to the use of some or other face creams. In the remaining cases it took general form effecting palms, soles, groins etc.

5. Duration:

There were 11 cases which were of less than one month and 9 cases of above one month and below one year the remaining 5 cases were of above one year.

6. Severity:

The cases have been classified according to their severity taking the overall picture into

consideration such as itching. Size of the affected area, oozing, burning sensation, pain etc., into three categories. There were 14 severe cases, 6 moderate cases and 5 mild cases.

RESULTS

Kandu, Kleda, daha, ruja, and pitakas were started responding within 3 to 5 days in the 23 cases. The srava has been lessened and the area became red and healing was started. The skin reached normalcy in all the cases within 2 weeks. Among them in 9 cases healing and normalisation completed within 7 days. Among these 23 cases 12 were of severe and the remaining were moderate and mild. But surprisingly the response was observed quickly in severe cases than in mild and moderate cases. However in 4 cases of severe type the symptoms reappeared after the discontinuance of treatment.

On the basis of overall improvement, it has been observed that 19 or 76% of cases have shown satisfactory relief within 2 weeks of treatment. Moderate response was noted in 4 or 16% of cases.

DISCUSSION

The disease is of kaphapitta predominant in nature. The kandu is due to kapha, sravatva and daha are due to pitta, Ruja is also there which may be due to vata. Twak is the seat of this disease. The sampraptighatakas are kapha, pitta, rakta and twak.

Pama and the other forms are considered as Kshudra Kushthas. According to Dalhana the kushthas which have reached the dhatus (Dhatvanupravishtata) are only termed as mahakushthas. Hence to treat these kushthas which have not reached the dhatus, shamana chikitsa & bahyaparimarjana are more important than the lengthy shodhana processes. However after giving virechana by which the Vitiating of pitta and rakta can be relieved, Arogyawardhani has been started. The main ingredients of this drug, kajjali, loha, abhraka, tamra, triphala, shilajit, guggulu, chitraka, kutki and nimbapatraswarasa are possessing the properties of deepana, pachana, malashodhaka, raktashodhaka and kushthaghna which might have helped in normalising the vitiated kapha, pitta and rakta and relieving its effect on twak.

The ingredients of Nimbaitaila possess the properties of Kapha pitta shamana, Varnya,

Kandughna, Twakdosha shamana, kushthaghna, Vranashodhana and ropana in general, In addition Nimba and haridra possess the properties of lekhana, jantughna, pootiharana and udarda prashamana, tila and haridra are vedana sthapakas.

Due to these properties, probably this drug might have acted so effectively in reducing Kandu, Vedana, Srava and Daha in Cases of Pama and accelerated healing to reach normalisation.

Nimbaditaila is found to be one of the effective and nontoxic drugs, which can be used widely on cases of pama, and its other forms, for the relief of Kandu.

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