



MANAGEMENT OF *VICHARCHIKA* WITH *VISHA ARAGWADHAADI AGADA LEPA* –A RANDOMIZED PILOT STUDY

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ABSTRACT:

Introduction: *Kushta* (ED-4) is the common term used for the skin diseases in Ayurveda (SAT-A.1). *Vicharchika* (ED-4.3.10) is one among the 11 *Kshudra Kushtas* (ED-4.3) which can be correlated to Eczema. Clinical presentation of *Vicharchika* are *Kandu* (itching), *Srava* (discharge), *Pidaka* (vesicles), and *Vaivarnya* (discoloration), *Rajyo* (lichenification), *Ruja* (pain) or *Daha* (burning sensation) *Rukshata* (dryness SAT-A.145). Episodic reoccurrence of eczema makes the patient worried and search of early effective treatment. Usage of formulations containing toxic plant as one of ingredient will be minimal acceptability, hence the trail had been carried. Aim and Objectives: Aim of the study to evaluate the effect of *Visha Aragwadhaadi Agada* (SAT-F.99) *Lepa* in the management of *Vicharchika*. **Methodology/Design:** A randomized pilot study, 15 patients who fulfilled the eligibility criteria were selected for the study. *Visha Aragwadhaadi Agada Lepa* prepared in our RS& BK dept given to patients for the 30 days twice application. Assessments were made of subjective and objective criteria before, during and after the treatment and follow up done once in 15days up to 60 days. Results: *Visha Aragwadhaadi Agada Lepa* showed significant results in reduction of *Kandu*, *Srava*, *Vaivarnya*, *Rajyo* (rough hard skin) of the lesions in the patients. Discussion: Discussed about the *Visha Aragwadhaadi Agada Lepa* preparation and its effect on 15 subjects collected data. Conclusion: *Visha Aragwadhaadi Lepa* showed statistically significant effect with p value less than 0.001 in *kandu* and *srava* etc. symptoms of *Vicharchika*.

Key words: *Kushta*, *Visha Aragwadhaadi Agada Lepa*, *Vicharchika*.

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INTRODUCTION:

Skin being the biggest organ which is exposed to untoward effects of toxins, harsh chemicals, dust, dyes, environmental pollution etc are the causative factors for skin diseases. *Vicharchika* correlated with Eczema in modern. Eczema, also known as atopic dermatitis, is a common chronic skin condition that can lead to recurrent infections and poor quality of life if left untreated. Dry itchy skin that is prone to infection.

Epidemiology life time prevalence rate of eczema in adults 2-10% more in rural than in Urban areas. ^[1]

Itching in skin diseases is the prime factor where the patients visit the hospital. It aggravates the disease condition. Hence it is important to reduce pruritis, to prevent exacerbations and reduce crusting and inflammation at local lesions.

Ayurvedic science had given various treatment modalities for *Kushta* (skin diseases). To choose the best treatment depends on intellectual power of physician according patients and disease condition. *Kushta* two types *Maha Kushta* (ED-4.2) and *Kusdra Kushta*. *Vicharchika* is one among 11 types of *Khsudra Kushta* and it's a *Rakta Pradosaja vikara* with *tridosha* with *Kapha* predominance.

Initial management in the form of *Sthambana in Raktapitta* (ED-7), *Amaatisara* (EB-2.2), and *Rakatarsha* (EE-3.7) produces *Kushta*.

Disease review ^[2, 3, 4, & 5, 6, 7]

Causative factors for *Kushta* are same for *Vicharchika*.

Aharaja nidana: Virudha Ahara (incompatible food SAT-J.84), excessive intake of drava, snigdha guru ahara (heavy foods), intake of curd improperly like at night, consuming new grains, fish, and excessive salty and sour food items. Black grams, radish, fermented food, stale and dry food, fried, salty, spicy, sour, tea, coffee, alcoholic beverages, aerated drinks, indigestion, *krimi* (helminthes) etc.

Viharaja: virudha (antagonistic) activities, suppression of natural urges (storage of metabolic waste), performance excess of physical activities, indulging in sexual activity even if the food is not well digested, sleeping during day time, late night work schedules etc. *Manasa: papakarma* (sinful acts), mental stress etc.

Pathogenesis: the vitiated *tridoshas vata, pitta* and *kapha* along with impaired *Twak, Rakta, Mamsa* and *Ambu* together constitute seven essential entities, which play role in pathogenesis of this skin disorder and *Kapha* is the predominant *dosha* involved in *Vicharchika*.

Purva rupa: at local lesions *Asweda* (no sweating), *Ati sweda* (excess of sweating), *Vaivarnya* (discoloration), *Kharatava* (roughness), *Atishlakshna* (smooth, sensitive), *Sparsha ajanatva* (loss of tactile sensation), *kandu* (itching) *Unnata* (swelling), *romaharsha*(horripilations), *daha* (burning sensation)

Its Clinical features are *Kandu*, *shyavapidika* (discolored eruptions), *Bahusrava* (excessive discharge) [2, 3]

According to *Sushruta Ruja* (pain), *Rukashta* (dryness), *Rajyo* (lichenfied lesions), *Daha* (burning sensation) with predominance of *Pitta dosha* [5].

According Vagbhata with other symptoms he mentioned *lasikadya* (full of lymph).

According to *Vagbhata* chronic skin diseases are difficult to treat as they manifest into the deep seated dhatus with prodromal symptoms like *Kushta* localized in the skin produces pricking pain, discoloration and dryness, localized in the blood it causes (more of), sweating, loss of sensation and swelling; localized in the muscles it gives rise to blebs in the hands and feet, profuse exudation, appears specially on the joints; localized in fat tissue, it causes shortening on the arm (by mutilation), inability to walk and splitting of the body parts; localized in the bones and marrow, it produces mutilation of the nose,

redness of the eyes, loss of voice and appearance of worms in the wounds; localized in the semen (reproductive tissue) it spreads to the wife and children. They will develop all the symptoms [6].

Rogam aadou pariksheta tatho anatarum aoushadham firstly we must know the disease properly than next treatment will be easiest factor.

Acharya Bhela opines that *Vicharchika* as *Sadhya Kushta* (easily treatable) with oozing lesion with dark red discoloration which is deep rooted [7].

Acharya Vrudha Vagbhata has mentioned in *Astanga Sangraha Uttar tantra* different formulations to treat the *Kushta*. *Visha Aragwadhaadi Agada Lepa* with minimal number of drugs [4]. Both *Aragwada Aragvada* SAT-F.285 and *Vatsnabha vatsanABA* SAT-F.501 as an individually beneficial in treating *Kushta* and *kaphavatahar* property.

METHODOLOGY:

This was a randomized controlled pilot study including 15 patients of *Vicharchika* who attended the OPD and IPD of SVM Ayurvedic Medical College and R P Karadi Ayurvedic Hospital Ilkal, Karnataka.

Inclusion criteria: aged between 18-60yrs with features of *Vicharchika* irrespective of their sex, occupation and economic status. Patients suffering with *Kandu*, *Pidika*, *Vaivarnya*, with or without *Srava*, *Daha / Vedana*, *Rookshata*, *Shotha* are taken for study.

Exclusion criteria: subjects with systemic diseases. Other dermatological diseases like Photo Dermatitis.

Intervention

Table no -1- Intervention

| Sample size | Dose | Mode of Administration | Duration of Treatment | Follow up | Total Duration of Study |
|-------------|---------------------|------------------------|-----------------------|-----------|-------------------------|
| 15 | Sufficient quantity | Lepa | 30days Twice a day. | 30 day | 60 days |

Laboratory Investigation: RBS, Hb%, AEC

and EASI score BT, AT, AF. By statistical analysis.

Assessment criteria: made on subjective and objective parameters by noting the grading 0-3

Subjective parameters:

Table no 2 showing the grading of parameters for assessment.

| Sl. no | Criteria | Parameters | Grading |
|--------|----------------------------------|--|---------|
| 1 | <i>Kandu</i> (itching) | No itching | 0 |
| | | Occasional itching | 1 |
| | | Continuous itching which nt disturbs routine activities and sleep | 2 |
| | | Continuous itching which disturbs routine activities but not sleep | 3 |
| | | Itching which disturbs routine activities & sleep | 4 |
| 2 | <i>Srava</i> (discharge) | No Discharge | 0 |
| | | Occasional watery discharge after rubbing/ scratching | 1 |
| | | Continuous watery discharge | 2 |
| | | Purulent discharge with pus or blood | 3 |
| | | Purulent discharge with pus and blood | 4 |
| 3 | <i>Vaivarnya</i> (discoloration) | Normally skin colour | 0 |
| | | Brownish red discoloration | 1 |
| | | Blackish red discoloration | 2 |
| | | Blackish discoloration | 3 |
| 4 | <i>Pidika</i> (eruption) | No eruptions | 0 |

| | | | |
|---|---------------------------------|---|---|
| | | Scanty eruptions in few regions | 1 |
| | | Scanty eruptions in at least half of lesions | 2 |
| | | All the lesions full of eruptions | 3 |
| 5 | <i>Rookshata</i> (dryness) | No line after scrubbing with nail dryness | 0 |
| | | Faint line on scrubbing with nails | 1 |
| | | Lining and words can be written by nails | 2 |
| | | Excessive <i>Rookshata</i> leading to <i>kandu</i> | 3 |
| | | <i>Rookshata</i> leading to crack formation | 4 |
| 6 | <i>Rajyo</i> (lichenification) | No thickening of skin | 0 |
| | | Thickening of skin but no criss-cross markings | 1 |
| | | Thickening of skin with criss –cross markings | 2 |
| | | Severe lichenification | 3 |
| 7 | <i>Shotha</i> (oedema) | No oedema | 0 |
| | | Present in <25% of the area | 1 |
| | | Present in 25%–50% of the area | 2 |
| | | Present in 50%–75% of the area | 3 |
| | | Present in >75% of the area. | 4 |
| 8 | <i>Ruja/ Vedana</i> (pain) | No pain | 0 |
| | | Occasional pain not disturbs routine activities & sleep | 1 |
| | | Moderate pain disturbs routine activities but not sleep | 2 |
| | | Severe pain disturbs both routine activities and sleep | 3 |
| 9 | <i>Daha</i> (burning sensation) | No burning sensation | 0 |
| | | Mild burning sensation | 1 |
| | | Moderate burning sensation | 2 |
| | | Burning sensation continuously not disturb sleep | 3 |
| | | Burning sensation continuously and even disturb sleep | 4 |

Objective parameters:

Table no 3 showing objective parameters for assessment

| Sl. no | Criteria | Parameters | Grading |
|--------|-------------------|-------------|---------|
| 1 | Number of patches | No patch | 0 |
| | | 1-2 patches | 1 |
| | | 3-4 patches | 2 |

| | | | |
|----------|------------------------|----------------------------|----------|
| | | More than 5 patches | 3 |
| 2 | Area of patches | In between 0-10 square cm. | 1 |
| | | In between 10-20 square cm | 2 |
| | | More than 20 square cm | 3 |

EASI score ^[1, 11] : An EASI score is a tool used to measure the extent (area) and severity of atopic eczema (Eczema Area Severity Index)

Table no 4 showing calculation of EASI score

| Regions | Criteria's | |
|-------------|----------------------------|-------------|
| Head / Neck | E+L+E*+L* area *0.1 | (+++)**0.1 |
| Upper limb | E+L+E*+L* area *0.2 | (+++)**0.2 |
| Trunk | E+L+E*+L* area *0.3 | (+++)**0.3 |
| Lower limb | E+L+E*+L* area *0.4 | (+++)**0.4 |
| EASI | Sum of all above body area | Total score |

[E-redness, L-thickness, E*-scratching, L*- Lichenification].

Ethical clearance:

The study was approved by the institutional ethical committee SVM Ayurvedic Medical College Ilkal.

The obtained data was recorded, tabulated and statistically analyzed using Paired t-test Friedman test.

RESULTS

Data Extraction and Statistical analysis

Table 5 demographic data of the pilot study subjects:

| Sl.no | Criteria | Sub criteria | No of patients | Remarks |
|-------|--------------------------|----------------------------|----------------|---|
| 1 | <i>Ahara</i> | Vegetarian | 8 | <i>Adhyasana, Viruddha asana may be the factors</i> |
| | | Non vegetarian | 7 | <i>Mamsa Rakta pradhosan.</i> |
| | | Fermented food | 8 | <i>Vidhi, Amlata</i> |
| | | curd | 15 | Abhisyandhi, kaphakar |
| | | Spicy food | 15 | Pitta and rakta dushti |
| | | <i>A,L,KT, KS</i> | 11 | Vata pitta dushka |
| 2 | <i>Vihara Particular</i> | Granite dust, cement | 9 | Dust allergens adhered to skin cause itch |
| | | Winter, Pollens, pesticide | 6 | Excess of dryness in climate, and pesticides contact dermatitis (during selling vegetables or spraying) |

| | | | | |
|----|---|-------------------|----|---|
| | Bathing | Irregular | 4 | Unhygienic non removal of |
| 3 | Occupation | Labourers | 5 | Cement, dust grease chemicals contact |
| | | Farmers | 2 | Pesticides, chemicals contact |
| 4 | <i>Agni-</i> | <i>Manda</i> | 4 | Most of the diseases manifest due manda agni. Ama- free radicals |
| | | <i>vishmaagni</i> | 9 | Vitiated Agni |
| | | <i>Teekshna</i> | 2 | Daha |
| 5 | <i>Koshta</i> | <i>Krura</i> | 9 | Improper clearance of bowel leads stasis metabolic waste |
| | | <i>Madhyama</i> | 4 | - |
| | | <i>Mrudu</i> | 2 | - |
| 6 | <i>Nidra</i> | <i>alpa</i> | 6 | - |
| 7 | <i>Vyasana</i> | tobacco | 7 | Toxins |
| | | tea | 9 | Toxins |
| 8 | <i>Prakruti</i> | VK | 7 | - |
| | | VP | 4 | - |
| | | KP | 4 | - |
| 9 | <i>Vikruti</i> | <i>Avara</i> | 3 | Less severe |
| | | <i>Madhyama</i> | 7 | Moderate severe |
| | | <i>Pravara</i> | 5 | Excess severe |
| 10 | Satwa | <i>Avara</i> | 4 | Kushta is <i>manodehika vikara</i> . Vitiated mind is basic factor for disease manifestation. |
| | | <i>Madhyama</i> | 9 | - |
| | | <i>Pravara</i> | 1 | - |
| 11 | <i>Vicharchika</i> <i>Dosha</i> <i>predominance</i> | VK | 10 | As <i>Vicharchika</i> is <i>Vata Kapha</i> predominance acc to <i>Charaka</i> . |
| | | VP | 05 | <i>Daha</i> indicates <i>pitta</i> involvement or due to scratching the patient may have burning sensation. |

Statistical Analysis:

The analysis was done by Paired t-test and Friedman's test on the collected data and it is

represented in the form of frequency tables and graph. Friedman's test was carried out to test significance at 4 follow ups.

Table no 6 and graph no 1 showing results of *Kandu* analyzed by Friedman’s test before, during and after treatment.

| Kandu | Mean Rank |
|-----------------|-----------|
| BT | 3.00 |
| AT | 1.87 |
| AF | 1.13 |
| N | 15 |
| Friedman's test | 28.429 |
| Df | 2 |
| P-value | 0.000 |

The bar chart displays the mean ranks for *Kandu* at three stages: Before Treatment (BT), During Treatment (AT), and After Treatment (AF). The y-axis represents the mean rank, ranging from 0 to 3.5. The bars show a clear downward trend from BT to AF, indicating a reduction in the mean rank over time.

P value 0.000 will conclude that *Lepa* had significant effect in reducing the itching.

BT- before treatment, AT- during treatment, AF- after treatment.

Table no 7 and graph-2 results showing of *Srava* analyzed by Friedman’s test before, during and after treatment.

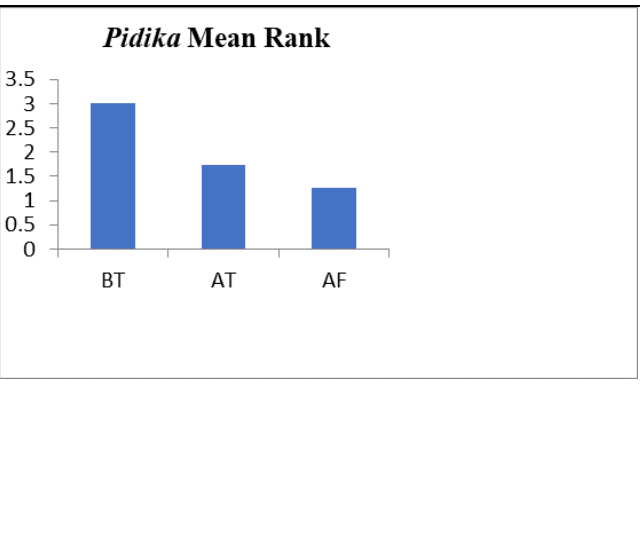
| Srava | Mean Rank |
|-----------------|-----------|
| BT | 2.63 |
| AT | 1.70 |
| AF | 1.67 |
| N | 15 |
| Friedman's test | 14.263 |
| Df | 2 |
| P-value | 0.001 |

The bar chart displays the mean ranks for *Srava* at three stages: Before Treatment (BT), During Treatment (AT), and After Treatment (AF). The y-axis represents the mean rank, ranging from 0 to 3. The bars show a decrease in mean rank from BT to AT, with a slight increase from AT to AF, though still lower than the BT stage.

P value 0.001 can be concluding that *Lepa* had significant effect in reducing the oozing.

Table no 8 and graph-3 showing results of *Pidika* analyzed by Friedman’s test before, during and after treatment.

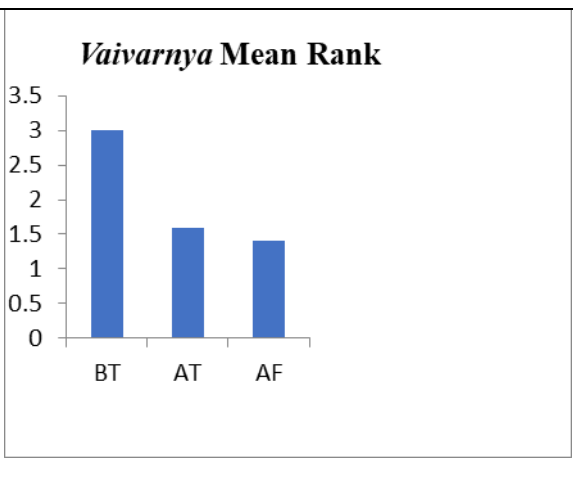
| <i>Pidika</i> | Mean Rank |
|-----------------|-----------|
| BT | 3.00 |
| ZÀ AT | 1.73 |
| AF | 1.27 |
| N | 15 |
| Friedman's test | 27.846 |
| Df | 2 |
| P-value | 0.000 |



P value 0.000 can be concluding that *Lepa* had significant effect in reducing the *Pidika*.

Table no 9 and graph-4 showing results of *Vaivarnya* analyzed by Friedman’s test before, during and after treatment.

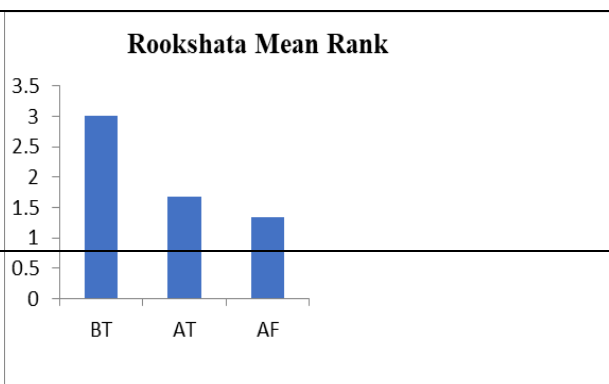
| <i>Vaivarnya</i> | Mean Rank |
|------------------|-----------|
| BT | 3.00 |
| AT | 1.60 |
| AF | 1.40 |
| N | 15 |
| Friedman's test | 28.500 |
| Df | 2 |
| P-value | 0.000 |



P value 0.000 can be considered that *Lepa* had significant effect in reducing *Vaivarnya*.

Table no 10 and graph-5 showing results of *Rookshata* analyzed by Friedman’s test before, during and after treatment.

| <i>Rookshata</i> | Mean Rank |
|------------------|-----------|
| BT | 3.00 |
| AT | 1.67 |
| AF | 1.33 |



| | |
|-----------------|--------|
| N | 15 |
| Friedman's test | 28.000 |
| Df | 2 |
| P-value | 0.000 |

P value 0.000
can be
considered that
Lepa had

significant effect in reducing *Rookshata*.

Table no 11 and graph-6 showing results of *Rajyo* (lichenification) analyzed by Friedman’s test before, during and after treatment.

| Rajyo | Mean Rank |
|-----------------|-----------|
| BT | 2.80 |
| AT | 1.77 |
| AF | 1.43 |
| N | 15 |
| Friedman's test | 22.293 |
| Df | 2 |
| P-value | 0.000 |

Rajyo Mean Rank

| Phase | Mean Rank |
|-------|-----------|
| BT | 2.80 |
| AT | 1.77 |
| AF | 1.43 |

P value 0.000 can be considered that *Lepa* had significant effect in reducing *Rajyo*.

Table no 12 and graph-7 showing results of *Vedana* analyzed by Friedman’s test before, during and after treatment.

| Vedana | Mean Rank |
|-----------------|-----------|
| BT | 2.83 |
| AT | 1.77 |
| AF | 1.40 |
| N | 15 |
| Friedman's test | 23.209 |
| Df | 2 |
| P-value | 0.000 |

Vedana Mean Rank

| Phase | Mean Rank |
|-------|-----------|
| BT | 2.83 |
| AT | 1.77 |
| AF | 1.40 |

P value 0.000 can be considered that *Lepa* had significant effect in reducing *Vedana*.

Table no 13 and graph-8 showing results of *Daha* analyzed by Friedman’s test before, during and after treatment.

| Daha | Mean Rank |
|-----------------|-----------|
| BT | 2.87 |
| AT | 1.70 |
| AF | 1.43 |
| N | 15 |
| Friedman's test | 24.326 |
| Df | 2 |
| P-value | 0.000 |

P value 0.000 can be considered that *Lepa* had significant effect in reducing *Daha*.

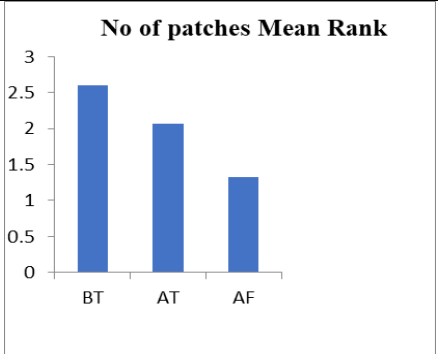
Table no 14 and graph-9 showing results of *Shotha* analyzed by Friedman’s test before, during and after treatment.

| Shotha | Mean Rank |
|-----------------|-----------|
| BT | 3.00 |
| AT | 1.50 |
| AF | 1.50 |
| N | 15 |
| Friedman's test | 30.000 |
| Df | 2 |
| P-value | .000 |

P value 0.000 can be considered that *Lepa* had significant effect in reducing *Shotha*.

Table no 15 and graph-10 showing results of number of patches analyzed by Friedman’s test before, during and after treatment.

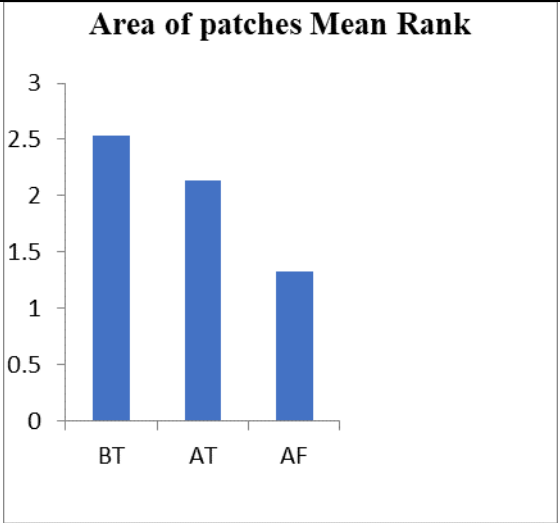
| Number of patches | Mean Rank |
|-------------------|-----------|
| BT | 2.60 |
| AT | 2.07 |
| AF | 1.33 |
| N | 15 |
| Friedman's test | 19.158 |
| Df | 2 |
| P-value | 0.000 |



P value 0.000 can be considered that *Lepa* had significant effect in reducing number of patches.

Table no 16 and graph-11 showing results of Area of Patches analyzed by Friedman’s test before, during and after treatment.

| Area of patches | Mean Rank |
|-----------------|-----------|
| BT | 2.53 |
| AT | 2.13 |
| AF | 1.33 |
| N | 15 |
| Friedman's test | 18.667 |
| Df | 2 |
| P-value | 0.000 |



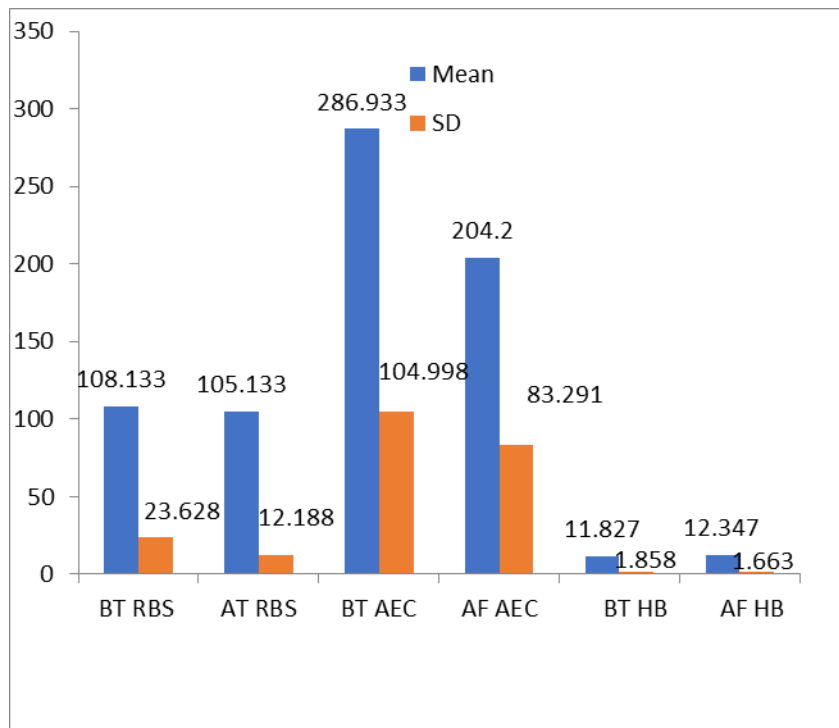
P value 0.000 can be considered that *Lepa* had significant effect in reducing Area of Patches.

Table no 17 and graph-12 results of Lab Investigations analyzed by Mann-Whitney U Test value before and after treatment.

| | N | Mean | SD | Mann-Whitney U Test | p-value |
|--|---|------|----|---------------------|---------|
|--|---|------|----|---------------------|---------|

| | | | | value | |
|-----------|----|---------|---------|-------|--------|
| BT RBS | 15 | 108.133 | 23.628 | 61 | 0.615 |
| AF RBS | 15 | 105.133 | 12.188 | | |
| BT AEC | 15 | 286.933 | 104.998 | 4.729 | < .001 |
| AF AEC | 15 | 204.2 | 83.291 | | |
| BT Hb% | 15 | 11.827 | 1.858 | 12 | 0.007 |
| AF Hb% | 15 | 12.347 | 1.663 | | |

Note:* Independent sample t-test



Investigation done before and after treatment. RBS done to rule out the subjects with diabetes. Hb% just to check general health condition and rushing of good amount of blood reduces the infection, heals the wounds. Excess of amount of AEC- eosinophil count

suggest the increased allergens in the body which stimulate the patients to itch.

But before and after reading had not showed any significant changes in Hb% and RBS. But minimal significance AEC in because of avoidance of causative factors explained during counseling.

Over all result:

| Marked improvement | Moderate improvement | Mild improvement |
|--------------------|----------------------|------------------|
| 11 | 3 | 1 |

DISCUSSION:

Skin exposed to excess of dust, chemicals micro plastics, cement, coloring agents, granite dust, detergents, dish wash soaps, pesticides, artificial ornaments, other environmental allergens *Sheetoshna Viparya* (Impairment in blood flushing to the tissues) etc are external causative factors for skin diseases. Excess intake of fermented foods, incompatible foods, spicy, heavy to digestible, stale foods, junk, stored, contaminated, etc are internal causative factors analyzed during pilot study of subjects.

Acutely the rash will be intensely pruritic with erythematous papules and excoriations. As the person continues to itch and rub the skin, starts to thicken and on physical exam, there may be lichenification (thickening of the skin markings due to scratching or rubbing). Topical application to enhance the hydration and anti-inflammatory medications [9].

No oral medicine given and subjects are advised for *pathya palana* (wholesome regimens).

Visha Aragwadhaadi Agada Lepa contains *Aragwada Patra, Mula, Twak Churnas* and *Shodhita Vatsnabha kanda (tuber) Churna*

mixed properly and poured in air tight container. The group of 15 subjects had been

given *Visha Aragwadhaadi Agada Churna* with *Takra* (SAT-H.86) *Lepa*, externally, daily for 30 days both morning and night advised for gentle message and kept till it get dried and washed with water. During the treatment patients are advised not use soap or any application over the lesions. Every 15 days follow-up was taken and grading results were collected before, during and after treatment.

Visha Aragwadhaadi Agada Churna with *Takra Lepa* is indicated in *Vicharchika* and is described in *Astanga Samgraha uttarasthana vishopayogi adhyay*. Ingredients are *Vatsanbha (Visha), Aragwadha twak, patra* are made into *Churna* and kept in air tight container and advised to apply with *Takra* (butter milk).

Patients had advice to apply by mixing with *Takra* twice a day for 30 days and wash it before it get dry. As purified *Vatsnabha* took for application no untoward effects has visualized and *Gomutra* (cows urine) acts like an antidote.

Aragwada had *Katu Kashya rasa* which makes *Stanika Rakta Shodhaka*, cleanses and heal the

lesions so formed. *Vatsnabha* by its *yogavahi ushna teekshna guna* makes the bio availability of the medicine to the target cells reduce the thickened hard rough tissue and discharge of the lesions. *Vatsnabha* with its *Vata Kaphahar* reduces the itching and inflammation. *Tikta rasa* (bitter) of dravya (medicinal plants) reduces itching, absorbs moisture, heals the blisters, inflammation and makes the *stanika kapha klinna dosha soshana* (dries local discharge and cleanses the lesions). *Takra* in the formulation dries up vitiated *Rakta, Kapha and Vata*.

Lepa is *Bahir Parimarajana Chikitsa* applying against the direction of hair follicles this facilitates the quicker absorption, through hair roots, sweat glands, and blood capillaries and shows early effective in *Stanika Dosh Shodhana*. Su su 18/4. It showed significant effect in reducing itching which prevents exacerbation of disease condition.

Dry skin enhances the penetration of irritative substances and allergens. Moistening of skin by application *Lepa* with antifungal and anti inflammatory, anti bacterial property of both

Vatsnabha and *Aragwada* will be beneficial effect in reducing itching and inflammation. External application of *Vatsnabha* relieves pain by inhibits the production of inflammatory mediators because of bio active components like alkaloids and tannins. As it improves local blood circulation enhances wound healing and anesthetic effect by stimulation and depression of nerves causing numbness and prevents further excoriations and crusting. [11, 12]

Cassia fistula had an wound healing and anti itching property because of its alkaloids, tannins terpenoids thus helps in eczema [13].

As it is randomized clinical trial improvement in clinical aspect depends on

1. Severity of condition: mild cases – 5, moderate cases -10
2. Chronicity: Patients attended trial is of less than 3-4yrs of history
3. *Pathya Palana* (wholesome daily regimens) where followed by all the 15 patients.



Fig. 1 : Effect of therapy

CONCLUSION:

Kushta in its chronic condition *Agada* formulations will show good effect. In present pilot study *Visha Aragwadhaadi Agada Lepa* had shown good effect in treating *Vicharchika*. *Lepa* had especially reduced itching, discharge and inflammation.

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