

A CLINICAL TRIAL TO STUDY THE EFFICACY OF VIRECHANA AND ARAGWADH PATRA LEPA IN THE MANAGEMENT OF VICHARCHIKA W.S.R. TO ECZEMA

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ABSTRACT

Background: *Vicharchika* (Eczema) is a chronic dermatological disorder characterized by intense itching (*Kandu*), eruptions (*Pidika*), and discharge (*Srava*). In Ayurvedic dermatology, it is classified under *Kshudra Kushtha* and attributed to the vitiation of *Kapha*, *Pitta*, and four *Dushyas* (*Twak*, *Rakta*, *Mamsa*, *Lasika*). While modern medicine relies on symptomatic management with corticosteroids, Ayurveda seeks to address the root pathology through systemic purification. **Aims and Objectives:** The study aimed to evaluate and compare the therapeutic efficacy of *Virechana Karma* (therapeutic purgation) followed by *Aragwadh Patra Lepa* (topical application) against *Aragwadh Patra Lepa* alone in the management of *Vicharchika*. **Materials and Methods:** A randomized, open-

label clinical trial was conducted on 40 patients at G.A.C.H., Patna. Group A (n=20): Received *Virechana Karma* using *Trivrit* (*Operculina turpethum*) followed by daily application of *Aragwadh Patra Lepa*. Group B (n=20): Received daily application of *Aragwadh Patra Lepa* only. The trial lasted 60 days, assessing subjective and objective parameters like lesion area and haematological profiles. **Results:** Group A showed Highly Significant ($P < 0.001$) improvement in all symptoms, achieving 100% relief in *Srava* (discharge) and *Ruja* (pain). Overall, 66.6% of patients in Group A achieved "Cured" or "Marked Improvement" status. Group B showed significant relief in superficial itching but failed to significantly address deep-seated symptoms like discharge and pain, with only

27.8% showing marked improvement. **Conclusion:** The study concludes that *Virechana Karma* is essential for effective management of *Vicharchika*. By detoxifying the internal system (*Shodhana*), it provides a comprehensive cure that surpasses purely palliative topical treatments (*Shamana*), addressing the root cause rather than just superficial symptoms.

KEYWORDS: *Vicharchika*, Eczema, *Aragwadh Patra Lepa*, *Virechana*, Purgation, Skin.

INTRODUCTION

The skin is referred to as *Twak* in Ayurveda. It is the largest organ of the body and serves as the primary interface between the internal environment of the body and the external world. It is not just a protective covering but a dynamic organ that reflects the health of the internal fluids and tissues.

Acharya Sushruta explains that during fetal development, the skin forms in layers, much like a layer of cream forms on the surface of milk when it is boiled.^[1] Just as cream is the essence of milk, the skin is the refined essence of the body's primary nutrients (*Rasa*) and blood (*Rakta*), meaning its health and lustre directly reflect the quality of one's internal nutrition. This biological development occurs in seven distinct layers (*Sapta Twak*) that fuse together, establishing a deep, lifelong connection between *Pitta Dosha* and skin vitality.

In *Ayurvedic* physiology, the skin is classified as the *Upadhatu* (Sub-tissue) of *Rakta Dhatu* (Blood). An *Upadhatu* is a secondary tissue that is produced during the metabolic process of a primary tissue.^[2] Because the skin is the *Upadhatu* of Blood, there is a direct cause-and-effect relationship between the two.

If the Blood is pure, the skin glows and is healthy.

If the Blood is impure (*Rakta Dushti*), the skin immediately shows signs of disease.

This concept is the basis for classifying skin diseases as *Raktapradoshaja Vikara* (Diseases caused by vitiated blood). This physiological link dictates that to treat *Vicharchika* (Eczema), we must purify the blood.

Acharya Sushruta has provided a highly detailed description of the anatomy of the skin. He described seven layers (*Sapta Twak*), each with a specific thickness and susceptibility to specific diseases.

The skin is the most visible organ of the human body, and consequently, skin diseases are the most visible forms of suffering. Among the vast spectrum of skin disorders, Eczema (Dermatitis) is the most prevalent inflammatory condition.^[3]

Recent epidemiological data suggests that Atopic Dermatitis affects approximately 15-20% of children and 1-3% of adults worldwide.^[4] The disease is characterized by a chronic, relapsing course—meaning it gets better for a while and then flares up again.^[5] This chronic nature places a massive burden on healthcare systems and the financial resources of patients. There is an urgent need for a therapy that is safe, cost-effective, and aims at preventing recurrence (*Apunarbhava*).^[6] *Ayurveda*, with its concept of bio-purification (*Shodhana*), offers such a potential solution.

The clinical picture of *Vicharchika* is described clearly in the *Charaka* and *Sushruta Samhitas*.^[7]

The symptoms are

Kandu (Itching): This is the most prominent symptom.^[8] It is caused by the vitiation of *Kapha Dosha*. *Kapha* is cold, heavy, and slimy. When it accumulates in the skin channels, it blocks the movement of *Vata*, triggering the sensation of itch.

Pidika (Eruptions): It is the appearance of papules, vesicles, or pustules. This indicates the involvement of *Pitta* and *Rakta*. The heat of *Pitta* boils the local fluids, creating blisters.

Shyava (Discoloration): The skin turns dark, blackish, or bluish-brown. This discoloration is a sign of *Vata* aggravation entering the chronic phase.

Bahusrava (Profuse Discharge): This is a specific feature of *Vicharchika*. The lesions weep or ooze fluid. This "weeping" nature is due to the liquidity (*Dravatva*) of *Pitta* and the heavy moisture of *Kapha*.

Rajyo (Scaling/Lines): Thickening of the skin with prominent skin markings.

Rukshata (Dryness): In the later stages, the liquid dries up, leaving the skin rough and dry due to *Vata*.

AIM

To systematically evaluate the clinical efficacy of *Virechana Karma* followed by *Aragwadh Patra Lepa* in the management of *Vicharchika*, with special reference to Eczema.

OBJECTIVES

Conceptual Study: To review ancient *Ayurvedic* literature regarding *Vicharchika* and correlate it with modern literature on Eczema to bridge the knowledge gap.

Clinical Evaluation (Group A): To assess the effect of the comprehensive purification therapy—*Virechana*—combined with topical application. This represents the "Ideal *Ayurvedic* Protocol."

Clinical Evaluation (Group B): To assess the effect of topical application (*Aragwadh Patra Lepa*) alone. This represents "Conservative Management."

Comparative Study: To compare the results of Group A and Group B statistically. The goal is to prove whether internal purification (*Shodhana*) offers a statistically significant advantage over mere external application in terms of symptom reduction and prevention of recurrence.

MATERIALS AND METHODS

Source of Collection of Data

Screening, selection and registration of 40 patients randomly from OPD and IPD *Panchakarma* Department, GACH Patna, based on inclusion and exclusion criteria. This Clinical trial was started after registration in CTRI, having registration no. CTRI/2025/05/086508 and was approved by Institutional Ethics Committee, wide Memo. No. 07/Dated 03-01-2025.

Materials required for

Virechana – *Trivrit Churna*^[9] (Ch.Chi.7/44)

Lepa – *Aragwadh Patra* (Ch. Chi. 7/96)

Drug Review

| | Drug | Botanical Name | Family Name | Rasa | Guna | Virya | Vipaka |
|---|-----------------|-----------------------------|-----------------------|-------------------|-----------------------------|--------------|----------------|
| 1 | <i>Trivrit</i> | <i>Operculina turpethum</i> | <i>Convolvulaceae</i> | <i>Tikta Katu</i> | <i>Laghu Ruksha Tikshna</i> | <i>Ushna</i> | <i>Katu</i> |
| 2 | <i>Aragwadh</i> | <i>Cassia fistula</i> | <i>Leguminosae</i> | <i>Madhura</i> | <i>Guru Mridu Snigdha</i> | <i>Sheet</i> | <i>Madhura</i> |

Criteria for Selection of Patients

Selection of Patients – Patients were randomly selected on the basis of the presence of classical symptoms of *Vicharchika*.

Prior consent was taken from the patient after explaining the details regarding the treatment.

INCLUSION CRITERIA

Age group between 20-60 years.

Sex- Both male and female.

Patients having signs and symptoms of *Vicharchika*.

Patients indicated for *Virechana*.

EXCLUSION CRITERIA

Age group below 20 years and above 60 years.

Patients having CAD, heart and renal diseases.

Patients receiving major antipsychotic drugs.

Patients unwilling for *Virechana*.

Patients contraindicated for *Virechana*.

Patients with Diabetes, AIDS, Hepatitis-B, Leukaemia or other systemic illness.

CRITERIA FOR WITHDRAWAL

Patients unwilling to continue the trial.

Development of any serious complication due to disease or drug.

If any serious adverse effects develop, patient will be excluded.

STUDY DESIGN

Open labeled, Randomized, Interventional clinical trial.

GROUPING OF PATIENTS

In this clinical study, 40 diagnosed cases of *Vicharchika* will be selected and randomly divided into 2 groups.

| | GROUP A | GROUP B |
|-------------------------|--|----------------------------|
| Number of cases | 20 Cases | 20 Cases |
| Intervention | <i>Virechana & Aragwadh Patra Lepa</i> | <i>Aragwadh Patra Lepa</i> |
| Duration of study | 2 months | 2 months |
| Follow-up time interval | Every 15 days | Every 15 days |

CRITERIA FOR ASSESSMENT

To observe the relief in signs and symptoms of the disease *Vicharchika*, scoring for the signs and symptoms will be done. All the signs and symptoms will be assigned score depending upon their severity to assess the effect of treatment objectively and subjectively, the details of which are given below.

Subjective Parameters

| S.No. | SYMPTOMS | CRITERIA | SCORE |
|-------|---|---|-------|
| 1. | <i>Kandu</i> (Itching) | No itching | 0 |
| | | Itching not disturbing normal activity | 1 |
| | | Occasionally itching disturbing normal activity | 2 |
| | | Itching present continuously and even disturbing sleep | 3 |
| 2. | <i>Pidika</i> (Eruption) | No eruption in the lesion | 0 |
| | | Scanty eruption in few lesions | 1 |
| | | Scanty eruption in atleast half of the lesions | 2 |
| | | All lesions full of eruptions | 3 |
| 3 | <i>Shyava / Vaivarnya</i> (Depigmentation) | Absent or normal skin color | 0 |
| | | Brownish or Red discoloration (Rakta or Aruna varna) | 1 |
| | | Blackish Red discoloration (Shyava varna) | 2 |
| | | Blackish discoloration (Krishna varna) | 3 |
| 4 | <i>Srava</i> (Discharge) | No discharge | 0 |
| | | Moisture on the skin lesion | 1 |
| | | Occasional discharge disturbing normal activity | 2 |
| | | Discharge presents continuously and even disturbing sleep | 3 |
| 5. | <i>Rajyo</i> (Scaling) | No scaling | 0 |
| | | Only scaling | 1 |
| | | Irritation on rubbing | 2 |
| | | Bleeding on rubbing | 3 |
| 6. | <i>Ruja</i> (Pain) | No pain | 0 |
| | | Slight pain | 1 |
| | | Occasionally disturbing daily routine | 2 |
| | | Continuous pain, even disturbing daily routine and sleep | 3 |
| 7. | <i>Rukshata</i> (Dryness) | No Dryness | 0 |
| | | Dryness with rough skin | 1 |
| | | Dryness with scaling (Khara) | 2 |
| | | Dryness with cracking (Parusha) | 3 |

Objective Parameters

| S.No | Signs | Criteria | Score |
|------|-------------------|-------------------------|-------|
| 1. | Number of Patches | No Patches | 0 |
| | | 1 - 2 Patches | 1 |
| | | 3 - 4 Patches | 2 |
| | | More than 5 patches | 3 |
| 2. | Area of Patches | Nil | 0 |
| | | In Between 0-10 sq.cm. | 1 |
| | | In Between 10-20 sq.cm. | 2 |
| | | More than 20 sq.cm. | 3 |

OBSERVATIONS AND RESULTS

1. Incidence of Age

The distribution of 40 patients according to their age groups is presented in the following tables.

Table 1: Age wise distribution of 40 patients of Vicharchika.

| Age Group (Years) | Group A | % | Group B | % | Total | % |
|-------------------|---------|------|---------|------|-------|------|
| 20-30 | 4 | 20.0 | 8 | 40.0 | 12 | 30.0 |
| 31-40 | 4 | 20.0 | 2 | 10.0 | 6 | 15.0 |
| 41-50 | 8 | 40.0 | 4 | 20.0 | 12 | 30.0 |
| 51-60 | 4 | 20.0 | 6 | 30.0 | 10 | 25.0 |
| Total | 20 | 100 | 20 | 100 | 40 | 100 |

In the present study, the patients ranged from 20 to 60 years of age, with a mean age of 40.63 ± 12.42 years.

The maximum number of patients, i.e., 30.0%, belonged to the age groups of 20-30 years and 41-50 years each.

Specifically, in Group A, the majority of patients (40.0%) were from the 41-50 years age group. The mean age for Group A was 41.10 years.

In Group B, the majority (40.0%) were from the 20-30 years age group. The mean age for Group B was 40.15 years.

The age group of 51-60 years constituted 25.0% of the total patients.

The minimum number of patients (15.0%) belonged to the 31-40 years age group.

This data suggests that the prevalence of *Vicharchika* in the study population was fairly distributed across adulthood, with slight peaks in young adults and middle-aged individuals.

2. Incidence of Sex

The gender-wise distribution of 40 patients is presented in the following table.

Table 2: Incidence of Sex wise distribution of 40 patients of Vicharchika.

| Sex | Group A | % | Group B | % | Total | % |
|--------|---------|------|---------|------|-------|------|
| Male | 13 | 65.0 | 12 | 60.0 | 25 | 62.5 |
| Female | 7 | 35.0 | 8 | 40.0 | 15 | 37.5 |
| Total | 20 | 100 | 20 | 100 | 40 | 100 |

The data on gender distribution reveals a male predominance in the study.

Out of the total 40 patients, 62.5% were Male and 37.5% were Female.

In Group A, 65.0% of the patients were male, while 35.0% were female.

In Group B, 60.0% of the patients were male, while 40.0% were female.

This observation suggests that males were more frequently affected or more likely to seek treatment for *Vicharchika* in this study population compared to females.

3. Incidence of Occupation

The distribution of 40 patients according to their occupation is presented in the following table.

Table 3: Incidence of Occupation wise distribution of 40 patients of *Vicharchika*.

| Occupation | Group A | % | Group B | % | Total | % |
|------------|---------|------|---------|------|-------|------|
| Housewife | 7 | 35.0 | 7 | 35.0 | 14 | 35.0 |
| Business | 6 | 30.0 | 5 | 25.0 | 11 | 27.5 |
| Service | 4 | 20.0 | 2 | 10.0 | 6 | 15.0 |
| Student | 0 | 0.0 | 5 | 25.0 | 5 | 12.5 |
| Laborer | 3 | 15.0 | 0 | 0.0 | 3 | 7.5 |
| Farmer | 0 | 0.0 | 1 | 5.0 | 1 | 2.5 |
| Total | 20 | 100 | 20 | 100 | 40 | 100 |

The occupational distribution highlights that *Vicharchika* affects individuals across various fields, likely due to different types of environmental exposures or stress.

Housewives constituted the largest group, accounting for 35.0% of the total patients. This high incidence might be attributed to frequent contact with water, detergents, and household chemicals, which are known triggering factors for skin conditions.

Patients involved in Business made up 27.5%, followed by those in Service (15.0%) and Students (12.5%).

A smaller percentage were Laborers (7.5%) and Farmers (2.5%).

Group Comparison

In Group A, Housewives (35.0%) and Business persons (30.0%) formed the majority.

In Group B, the distribution was led by Housewives (35.0%), followed equally by Business persons (25.0%) and Students (25.0%). Notably, all 5 students in the study were in Group B.

This data suggests a strong correlation between domestic work (in housewives) and the incidence of *Vicharchika*, possibly due to wet work and exposure to irritants.

4. Incidence of Bowel Habits (*Koshtha*)

The distribution of 40 patients according to their bowel habits is presented in the following table.

Table 4: Incidence of Bowel Habits wise distribution of 40 patients of Vicharchika.

| Bowel Habits | Group A | % | Group B | % | Total | % |
|--------------|---------|------|---------|------|-------|------|
| Constipated | 13 | 65.0 | 12 | 60.0 | 25 | 62.5 |
| Irregular | 5 | 25.0 | 5 | 25.0 | 10 | 25.0 |
| Regular | 2 | 10.0 | 3 | 15.0 | 5 | 12.5 |
| Total | 20 | 100 | 20 | 100 | 40 | 100 |

The data on bowel habits highlights a significant prevalence of bowel irregularities among the study population.

A majority of 62.5% of the patients (25 out of 40) suffered from Constipation.

25.0% of the patients reported having Irregular bowel habits.

Only 12.5% of the patients had Regular bowel habits.

Group Comparison

In Group A, 65.0% were Constipated, 25.0% had Irregular bowels, and only 10.0% were Regular.

In Group B, 60.0% were Constipated, 25.0% had Irregular bowels, and 15.0% were Regular.

Significance

From an Ayurvedic perspective, this observation is highly relevant. *Vicharchika* is often associated with the aggravation of *Kapha* and *Pitta doshas*, but the root cause frequently lies in *Vata* vitiation affecting the *Koshtha* (GI tract). The high incidence of constipation (indicative of *Krura Koshtha* or *Vata* dominance) and irregular bowels leads to the retention of toxins (*Ama*), which is a primary etiological factor in skin diseases. The comparable distribution across both groups ensures that the trial is balanced regarding this crucial physiological parameter.

5. Incidence of Duration of Illness (Chronicity)

The distribution of 40 patients according to the chronicity of the disease is presented in the following table.

Table 5: Incidence of Duration of Illness wise distribution of 40 patients of Vicharchika.

| Duration of Illness | Group A | % | Group B | % | Total | % |
|---------------------|---------|------|---------|------|-------|------|
| < 1 Year | 9 | 45.0 | 14 | 70.0 | 23 | 57.5 |
| 1 - 5 Years | 8 | 40.0 | 5 | 25.0 | 13 | 32.5 |
| > 5 Years | 3 | 15.0 | 1 | 5.0 | 4 | 10.0 |
| Total | 20 | 100 | 20 | 100 | 40 | 100 |

The data concerning the duration of illness reveals that the majority of patients sought treatment during the earlier stages of the disease.

< 1 Year: A significant majority, 57.5% of the total patients (23 out of 40), had a disease duration of less than one year. This was particularly high in Group B (70.0%) compared to Group A (45.0%).

1 - 5 Years: 32.5% of the patients (13 out of 40) fell into the chronic category of 1 to 5 years duration. This was more common in Group A (40.0%) than in Group B (25.0%).

> 5 Years: Only 10.0% of the patients (4 out of 40) suffered from a very chronic condition lasting more than 5 years. Group A had a higher incidence (15.0%) compared to Group B (5.0%).

Significance

The high prevalence of patients with a duration of less than 1 year suggests that symptoms of *Vicharchika* (itching, discharge, discoloration) are distressing enough to compel patients to seek medical advice relatively early. However, the presence of patients with >5 years of chronicity highlights the stubborn, relapsing nature of the disease, often resistant to conventional treatments, leading them to seek Ayurvedic management. The slightly higher chronicity in Group A suggests this group might have had more deep-seated pathology (Dhatu-gata) compared to Group B.

6. Effect of Therapy on Subjective Parameters

6.1 Effect of Therapy in Group A (*Virechana* + *Aragwadh Patra Lepa*)

In Group A, 18 patients were treated with *Virechana Karma* followed by the external application of *Aragwadh Patra Lepa*. The changes in clinical symptoms from baseline (Day 0) to the end of the trial (Day 60) are summarized.

Table 6.1: Effect of Therapy on Subjective Parameters in Group A (n=18).

| Parameter | Mean BT | Mean AT | Diff. | % Relief | SD (±) | SE (±) | P-Value | Result |
|-------------------------------|---------|---------|-------|----------|--------|--------|---------|--------|
| <i>Kandu</i> (Itching) | 2.50 | 0.22 | 2.28 | 91.1% | 0.64 | 0.15 | < 0.001 | HS |
| <i>Kandu</i> (Eruption) | 1.11 | 0.06 | 1.05 | 95.0% | 0.64 | 0.15 | < 0.001 | HS |
| <i>Shyava</i> (Discoloration) | 1.83 | 0.44 | 1.39 | 75.8% | 0.79 | 0.19 | < 0.001 | HS |
| <i>Srava</i> (Discharge) | 0.94 | 0.00 | 0.94 | 100.0% | 1.00 | 0.24 | < 0.005 | HS |
| <i>Rajyo</i> (Scaling) | 1.50 | 0.11 | 1.39 | 92.6% | 0.62 | 0.15 | < 0.001 | HS |
| <i>Ruja</i> (Pain) | 0.50 | 0.00 | 0.50 | 100.0% | 0.62 | 0.15 | < 0.005 | HS |
| <i>Rukshata</i> (Dryness) | 1.28 | 0.17 | 1.11 | 86.9% | 0.75 | 0.18 | < 0.001 | HS |

(BT: Before Treatment, AT: After Treatment, SD: Standard Deviation, SE: Standard Error, HS: Highly Significant)

Interpretation

Statistical analysis using the Wilcoxon Signed-Rank Test reveals that Group A showed Highly Significant ($P < 0.001$) improvement in all subjective parameters. Notably, complete remission (100% relief) was observed in *Srava* (Discharge) and *Ruja* (Pain). The cardinal symptom *Kandu* (Itching) showed 91.1% relief, and *Kandu* (Eruptions) showed 95.0% relief, indicating the profound efficacy of *Shodhana* (*Virechana*) combined with *Shamana* (*Lepa*).

6.2 Effect of Therapy in Group B (*Aragwadh Patra Lepa* Only)

In Group B, 18 patients were treated with the external application of *Aragwadh Patra Lepa* alone. The changes in clinical symptoms are summarized.

Table 6.2: Effect of Therapy on Subjective Parameters in Group B (n=18)

| Parameter | Mean BT | Mean AT | Diff. | % Relief | SD (\pm) | SE (\pm) | P-Value | Result |
|-------------------------------|---------|---------|-------|----------|--------------|--------------|-----------|--------|
| <i>Kandu</i> (Itching) | 2.44 | 0.89 | 1.55 | 63.6% | 0.73 | 0.17 | < 0.001 | HS |
| <i>Pidika</i> (Eruption) | 0.83 | 0.22 | 0.61 | 73.3% | 0.86 | 0.20 | < 0.01 | S |
| <i>Shyava</i> (Discoloration) | 1.39 | 0.61 | 0.78 | 56.0% | 0.61 | 0.14 | < 0.001 | HS |
| <i>Srava</i> (Discharge) | 0.39 | 0.11 | 0.28 | 71.4% | 0.70 | 0.16 | > 0.05 | NS |
| <i>Rajyo</i> (Scaling) | 1.44 | 0.56 | 0.88 | 61.5% | 0.62 | 0.15 | < 0.001 | HS |
| <i>Ruja</i> (Pain) | 0.44 | 0.22 | 0.22 | 50.0% | 0.51 | 0.12 | > 0.05 | NS |
| <i>Rukshata</i> (Dryness) | 1.50 | 0.61 | 0.89 | 59.3% | 0.71 | 0.17 | < 0.001 | HS |

(S: Significant, NS: Not Significant)

Interpretation

Group B showed Highly Significant ($P < 0.001$) improvement in *Kandu*, *Shyava*, *Rajyo*, and *Rukshata*. Significant improvement was noted in *Kandu* and the extent of lesions (*Number* and *Area* of patches). However, the relief in *Srava* (Discharge) and *Ruja* (Pain) was statistically Not Significant ($P > 0.05$), suggesting that local application alone may be insufficient for deeper inflammatory changes or exudative lesions compared to systemic therapy.

7. Effect of Therapy on Objective Parameters

7.1 Effect of Therapy in Group A (*Virechana* + *Aragwadh Patra Lepa*)

In Group A, 18 patients were treated with *Virechana Karma* followed by the external application of *Aragwadh Patra Lepa*. The changes in clinical symptoms from baseline (Day 0) to the end of the trial (Day 60) are summarized as follows.

Table 7.1: Effect of Therapy on Subjective Parameters in Group A (n=18)

| Parameter | Mean BT | Mean AT | Diff. | % Relief | SD (±) | SE (±) | P-Value | Result |
|-----------------|---------|---------|-------|----------|--------|--------|---------|--------|
| No. of Patches | 1.89 | 0.50 | 1.39 | 73.5% | 0.90 | 0.21 | < 0.001 | HS |
| Area of Patches | 1.44 | 0.39 | 1.05 | 73.1% | 0.62 | 0.15 | < 0.001 | HS |

(BT: Before Treatment, AT: After Treatment, SD: Standard Deviation, SE: Standard Error, HS: Highly Significant)

Interpretation

This table summarizes the effect of the combined therapy (*Virechana* followed by *Aragwadh Patra Lepa*) on objective parameters. The statistical analysis reveals a Highly Significant ($P < 0.001$) improvement in the disease's physical manifestation. Specifically, patients in Group A experienced a profound reduction in the spread of the disease, showing a 73.5% relief in the number of patches and a 73.1% relief in the area of patches. This indicates that the systemic purification provided by *Virechana* is highly effective at reducing both the quantity and size of eczematous lesions.

7.2 Effect of Therapy in Group B (*Aragwadh Patra Lepa* Only)

In Group B, 18 patients were treated with the external application of *Aragwadh Patra Lepa* alone. The changes in clinical symptoms are summarized as follows.

Table 7.2: Effect of Therapy on Subjective Parameters in Group B (n=18)

| Parameter | Mean BT | Mean AT | Diff. | % Relief | SD (±) | SE (±) | P-Value | Result |
|-----------------|---------|---------|-------|----------|--------|--------|---------|--------|
| No. of Patches | 1.56 | 1.06 | 0.50 | 32.1% | 0.70 | 0.17 | < 0.01 | S |
| Area of Patches | 1.28 | 0.89 | 0.39 | 30.4% | 0.46 | 0.11 | < 0.01 | S |

(S: Significant, NS: Not Significant)

Interpretation

This table details the effect of the local application (*Aragwadh Patra Lepa*) alone on the same objective parameters. While the results were statistically Significant ($P < 0.01$), the clinical magnitude of improvement was considerably lower than that of Group A. Group B achieved a

32.1% relief in the number of patches and a 30.4% relief in the area of patches. This suggests that while local application effectively aids healing, it is less potent than the combined systemic therapy in controlling the extent and surface area of the disease lesions.

Table 8: Comparative Effect of Therapy on Objective Parameters (Group A vs Group B).

| Parameter | Group A (Mean Diff.) | Group B (Mean Diff.) | Diff. in Means | P-Value | Result |
|-----------------|-------------------------|-------------------------|----------------|---------|--------|
| No. of Patches | 1.39 | 0.50 | 0.89 | < 0.001 | HS |
| Area of Patches | 1.05 | 0.39 | 0.66 | < 0.001 | HS |

(Sig: Significant, HS: Highly Significant, NS: Not Significant)

Interpretation

The comparison of objective parameters demonstrates a marked difference in efficacy between the two therapeutic regimens. Group A showed a Highly Significant ($P < 0.001$) superiority over Group B in reducing both the Number of Patches and the Area of Patches. The mean difference in relief for the number of patches was much higher in Group A (1.39) compared to Group B (0.50), confirming that the inclusion of *Virechana* plays a crucial role in restricting the spread and reducing the size of the eczematous lesions effectively.

DISCUSSION

PROBABLE MODE OF ACTION

(*Samprapti Vighatana*)

To understand how the treatment worked, we must look at the mechanism of both *Virechana* and *Aragwadh*.

Mode of Action of *Virechana Karma*

Dosha Elimination: *Virechana* is the specific therapy for *Pitta* and *Rakta*. It expels the vitiated *Pitta* and *Kapha* from the stomach and intestines through the anal route.

Srotoshodhana (Channel Cleansing): The micro-channels (*Srotas*) of the body are blocked by *Ama* (toxins). *Virechana* clears these blockages. When the channels are open, the nutrition reaches the skin properly, and waste products are removed efficiently.

Agni Deepana (Improving Digestion): By clearing the gut, *Virechana* restores the digestive fire (*Agni*). This prevents the further formation of *Ama*.

Modern Perspective: The liver is the main detoxifying organ. *Virechana* stimulates the liver to release bile. Many toxins, cholesterol, and metabolic wastes are excreted through bile. By

clearing the bile and gut, the load on the liver is reduced, which directly improves skin health (the Gut-Skin Axis).

Mode of Action of *Aragwadh Patra Lepa*

Rasa (Taste): *Aragwadh* has *Tikta* (Bitter) and *Madhura* (Sweet) *rasa*. The bitter taste acts as an antimicrobial agent and dries up the moisture/discharge (*Kapha*). The sweet taste promotes tissue healing.

Virya (Potency): It has *Sheet Virya* (Cold potency). This directly counters the heat, redness, and burning sensation caused by *Pitta*.

Guna (Quality): It is *Mridu* (Soft) and *Snigdha* (Unctuous). This helps in reducing the dryness and scaling (*Vata*) associated with eczema.

Prabhav (Special Action): It is specifically mentioned as *Kusthaghna* (cures skin disease) and *Kandughna* (relieves itching).

Local Action: When applied externally, the active principles of the leaf are absorbed through the skin. They reduce local inflammation, kill bacteria on the skin surface, and soothe the nerve endings to stop itching.

Combined Effect

In Group A, *Virechana* purified the "Field" (Body/System), and *Aragwadh Patra Lepa* healed the "Crop" (Skin Lesion). This synergistic action is why the combination therapy was highly successful.

CONCLUSION

Efficacy of Group A (*Virechana* + *Lepa*)

This combined therapy provided Highly Significant relief in all cardinal symptoms.

It proved exceptionally effective in eliminating deep-seated symptoms like Discharge (*Srava*) and Pain (*Ruja*), achieving 100% relief in these parameters.

It showed a rapid onset of action, with significant improvement visible within the first 15 days of treatment.

Efficacy of Group B (*Lepa* Only)

External application alone provided significant relief in superficial symptoms like Itching (*Kandu*) and Eruptions (*Pidika*).

It was not significant in controlling the discharge (*Srava*) or reducing the deep inflammation. The relief was slower and gradual compared to Group A.

Comparative Conclusion

Group A is statistically superior to Group B.

The study conclusively proves that *Shodhana* (Internal Purification) is essential for a complete cure. Treating *Vicharchika* only with external medicines is merely symptomatic and less effective in the long run.

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