SJIF Impact Factor (2025): 8.688| ISI I.F. Value: 1.241| Journal DOI: 10.36713/epra2016 ISSN: 2455-7838(Online)
EPRA International Journal of Research and Development (IJRD)
Volume: 10 | Issue: 10 | October 2025 - Peer Reviewed Journal

A CONCEPTUAL STUDY ON VIVIDHAASITAPITIYA ADHYAYA W.S.R. TO RAKTA PRADOSAJA VIKARA (DADRU) MANAGEMENT WITH ARAGVADHA PATRA LEPA AND ARAGVADHA PATRA LEPA WITH IT'S CHURNA

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Article DOI: https://doi.org/10.36713/epra24685
DOI No: 10.36713/epra24685

ABSTRACT

The Vividhaśitapītiya Adhyāya of Charaka Saṃhitā Sūtrasthāna explains the principles of nutrition, tissue nourishment (Dhātu Poshana), and the concept of Sara–Kitta Vibhajana. It also forms the theoretical foundation for the understanding of Raktapradoshaja Vikāra, diseases arising from vitiation of Rakta Dhātu. Among them, Dadru Kuṣṭha (Tinea corporis) is a common dermatological manifestation associated with Raktadushti and Kapha-Pitta vitiation. The present article explores the pathogenesis of Dadru Kuṣṭha through the lens of Vividhaśitapītiya Adhyāya and evaluates the therapeutic potential of Aragvadha Patra Lepa and Aragvadha Patra Lepa with its Churna in its management.

KEYWORDS: *Vividhaasitapitiya Adhyaya, Raktapradosaja Vikara, Dadru Kustha, Aragvadha Patra Churna, Aragvadha Patra Lepa*

INTRODUCTION

Ayurveda emphasizes the importance of Ahara and Vihara in maintaining Dhātu Samyata. The Vividhaśitapītiya Adhyāya[1] (Charaka Saṃhitā Sūtrasthāna, Adhyāya 28) elaborates on how various types of food and lifestyle habits affect Dhātu Poshana and lead to Vyādhi Utpatti when imbalance occurs. The chapter introduces the mechanisms by which improper Ahara-Vihara and Raktadushti result in Raktapradoshaja Vikāra[2].

Dadru Kuṣṭha[3], being one of the Raktapradoshaja Vikāra & Dadru kushta is comes under the kshudra rogas, exhibits characteristic symptoms like Kandu (itching), Raga (erythema), Burning sensation(Daha), Utsanna Mandala (elevated circular lesions), and Pidaka (papules) [4]. The disease primarily involves vitiation of Kapha-Pitta dosha and Rakta Dhātu.

AIMS & OBJECTIVES

- A detailed study of conceptual and applied aspects of the chapter Vividhaasitapitiya Adhyaya of Charak Samhita.
- The Conceptual and applied aspects of Lepa and Churna on Dadru Kustha.
- To evaluate the efficacy of Aragvadha Patra Lepa and Aragvadha Patra Lepa with it's Churna in the management of Dadru Kustha [5].

MATERIALS AND METHODS

Ctri ref no.- CTRI/2024/09/074114

Clinical Source

30 number of *Dadru* Patients were selected from OPD & IPD of Govt. Ayurvedic college, Balangir and Saradeswari Govt. Ayurvedic Hospital, Balangir and the camps Conducted by Govt. Ayurvedic college, Balangir.

Ethical clearance

With due approval by the IEC (Institutional Ethical Committee) with ref.no.**-2524/14.10.2023**, Govt. Ayurvedic College and Hospital, Balangir, the study has been conducted among the patients registered for the purpose. Written consent was obtained

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from each patient participated in the study with prior proper information.
Methodology : Randomized controlled Trial Study

Grouping
30 no. patients satisfying the inclusion criteria , were taken for the present study and all the patients was divided into 2 equal groups i,e. Group A and Group B and the assessment was made before and after treatment.
Group A: 15 patients were treated with Aragvadha Patra Lepa (External use) twice daily
Group B: 15 patients were treated with Aragvadha Patra Lepa (External use) with Aragvadha Patra Churna (Internal Use)
A comparison was done among Group A and Group B before and after treatment.

DIAGNOSTIC CRITERIA
The patients were diagnosed on the basic of both subjective and objective parameters. The subjective and objective parameters was examined through *Trividha Parikshya* and *Astavidha parikshya.*

INCLUSION CRITERIA
1. Patients of both Sex and Age group between 20-50 years were included.
2. Patients having sign and symptoms like *kandu, raga, pidaka, Daha* of *Dadru* were included in study.
3. Tinea Corporis was included in the study.

EXCLUSION CRITERIA
1. Pregnant women and lactating women.
2. Patients below 20 & above 50 years of age.
3. Patient having Patches due to burning, chemical explosions. Skin cancer, etc.
4. Patients who have undergone recent surgeries.
5. Patients having diseases like Eczema, Psoriasis were excluded.
6. Patients having any systemic disorder like DM, HTN were excluded.
7. All Tinea infection except Tinea Corporis were excluded.

ASSESSMENT CRITERIA
Assessment was made before and after treatment. The intensity of sign and symptoms of Dadru was graded on the basis of four scales i.e.0,1,2 and 3 depending upon normal (0), mild(1), moderate(2), severe(3) respectively. The improvement was accessed after favorable shifting to left of grading scale.

CLINICAL ASSESSMENT
The average percentage improvement in the severity of different clinical sign & symptoms was calculated. The overall clinical assessment was done considering the sign and symptoms as follows –
- Marked improvement: Above 75% relief in sign and symptoms.
- improvement: 51-75% relief in sign and symptoms.
- Mild improvement: 26-50% relief in sign and symptoms.
- Unsatisfactory: Below 25% relief in sign and symptoms.

Subjective Criteria
1. Kandu (Itching)
2. Raga (Erythma)
3. Pidaka (Inflammation)
4. Daha (Burning sensation)

Objective Criteria
1. Size of lesion
2. Number of lesion
3. Pathological investigation are :DC, TLC, FBS

SELECTION OF DRUG AND PREPARATION METHOD
- The selection of the drug was made on the basis of principle of treatment advocated by Maharshi Charaka.
- NAME OF THE DRUG -: Aragvadha Patra Lepa, Aragvadha Patra Churna
- INGREDIENT: Aragvadha Patra only
- PREPARATION: The drug Aragvadha Patra were identified with the help of experts of department of Dravyaguna. Preparation of the medicine were prepared firstly in the form of fine powder (Sieve No.- 85) in the college pharmacy under direct supervision of H.O.D Rasashastra and Bhaisajya kalpana as per good manufacturing practice and

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guidelines. Then packed into air tight locking type of polythene bags.

DOSE AND ADMINISTRATION PROCEDURE:

Group A (Aragvadha Patra Lepa):

Adequate amount of Aragvadha Patra Churna were mixed with water and applied as Lepa and applied in the morning and evening twice in a day. Lepa was kept on the affected area till it dries and then washed with normal water.

Group B (Aragvadha Patra Churna with Aragvadha Patra Lepa) Dose: Aragvadha Patra Churna (internal use): 5gms at bed time and Aragvadha Patra Lepa (External use)- Adequate amount of Aragvadha Patra Churna was mixed with water and applied as Lepa and applied in the morning and evening twice in a day. Lepa was kept on the affected area till it dries and then washed with normal water.

DIETARY REGIMEN - All patients was advice to take normal diet except Amla, Dadhi, Pittavardhaka ahara etc mentioned as per classical text.

DURATION OF STUDY - 30 days and total duration of clinical trial – 18 months.

RESULTS

Follow up was done in every 15 days interval i.e.15th and 30th day in the two groups. During the follow up both subjective and objective parameters of assessment was done to assess the result.

OBSERVATION AND FRESULTS

The research work was conducted after scrutinized by DRC and IEC and approved by competent authority of Sambalpur university. During research work the data were observed time to time and assessment was recorded as authentic document for dissertation. The constitutional data related to ayurvedic and demographic data related to age, sex, educational qualification etc. were observed during clinical study and put forth here in table and graphical form for easy understanding and proper presentation.

In this study 31 numbers of patients were registered. 15 patients were registered for treatment of Aragvadha Patra Lepa in group-A, 16 patients were registered for treatment of Aragvadha Patra Lepa with its Churna in group-B. out of this 1 patient from group- B was left the study.

Table No-01: Showing the Demographic data of all patients

Criteria	Maximum %	Category
Age	53%	40-50 years
Sex	56.67%	Males
Religion	100%	Hindu
Education	100%	Literate
Marrital Status	70%	Married
Socio-economic status	100%	Married
Occupation	33.33%	Farmer
Mode of Onset	100%	Gradual
Diet	93.33%	Mixed
Sleep	100%	Disturbed
Addiction	53.33%	No Addiction
Bowel habits	100%	Normal

Table No-02: Showing the effect of Aragvadha Patra Lepa (group- A) and Aragvadha Patra Lepa with its Churna (group-B) on Kandu of patients:

Kandu		Mean	Median	SD	SE	Wilcoxon W	P-Value	% Effect	Result
Group A	BT	1.87	2.00	0.64	0.16	-3.520^{c}	0.00043	75.00	Sig
	AT	0.47	0.00	0.64	0.16				
Group B	BT	2.33	2.00	0.62	0.15	-3.771^{c}	0.00016	82.86	Sig
	AT	0.40	0.00	0.51	0.13				

From the above table we can observe that, P-Value for Group-A and Group-B s less than 0.05. Hence, we can conclude that, effect observed in Group-A and Group -B is significant.

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Table No-03: Showing effect of Aragvadha Patra Lepa (group- A) and Aragvadha Patra Lepa with its Churna (group- B) on Raga of patients

Raga		Mean	Median	SD	SE	Wilcoxon W	P-Value	% Effect	Result
Group A	BT	1.60	2.00	0.63	0.16	-3.557[c]	0.00038	66.67	Sig
	AT	0.53	1.00	0.52	0.13				
Group B	BT	1.20	1.00	0.41	0.10	-3.873[c]	0.00011	83.33	Sig
	AT	0.20	0.00	0.41	0.10				

From the above table we can observe that, P-Value for Group-A and Group-B s less than 0.05. Hence, we can conclude that, effect observed in Group-A and Group -B is significant.

Table No.- 04: Showing effect of Aragvadha Patra churna Lepa (group- A) and Aragvadha Patra Lepa with its Churna (group- B) on Daha of patients:

Daha		Mean	Median	SD	SE	Wilcoxon W	P-Value	% Effect	Result
Group A	BT	1.93	2.00	0.46	0.11	-3.542[c]	0.00040	86.21	Sig
	AT	0.27	0.00	0.46	0.11				
Group B	BT	1.87	2.00	0.35	0.09	-3.626[c]	0.00029	96.43	Sig
	AT	0.07	0.00	0.26	0.06				

From the above table we can observe that, P-Value for Group-A and Group-B s less than 0.05. Hence, we can conclude that, effect observed in Group-A and Group -B is significant.

Table No.-05: Showing effect of Aragvadha Patra churna Lepa (group- A) and Aragvadha Patra Lepa with its Churna (group- B) on Pidaka of patients:

Pidaka		Mean	Median	SD	SE	Wilcoxon W	P-Value	% Effect	Result
Group A	BT	1.73	2.00	0.46	0.11	-3.742[c]	0.00018	53.85	Sig
	AT	0.80	1.00	0.41	0.10				
Group B	BT	1.73	2.00	0.59	0.15	-3.286[c]	0.00102	69.23	Sig
	AT	0.53	1.00	0.52	0.13				

From the above table we can observe that, P-Value for Group-A and Group-B s less than 0.05. Hence, we can conclude that, effect observed in Group-A and Group -B is significant.

Table No.-05: Showing effect of Aragvadha Patra churna Lepa (group- A) and Aragvadha Patra Lepa with its Churna (group- B) on Number of lesion of patients:

Number of lesion		Mean	Median	SD	SE	Wilcoxon W	P-Value	% Effect	Result
Group A	BT	1.73	2.00	0.46	0.11	-3.358[c]	0.00079	61.54	Sig
	AT	0.67	1.00	0.49	0.12				
Group B	BT	1.80	2.00	0.41	0.10	-3.542[c]	0.00040	74.07	Sig
	AT	0.47	0.00	0.51	0.13				

From the above table we can observe that, P-Value for Group-A and Group-B s less than 0.05. Hence, we can conclude that, effect observed in Group-A and Group -B is significant.

Table No.-06: Showing effect of Aragvadha Patra churna Lepa (group- A) and Aragvadha Patra Lepa with its Churna (group- B) on Size of lesion of patients:

Size of lesion		Mean	Median	SD	SE	Wilcoxon W	P-Value	% Effect	Result
Group A	BT	1.73	2.00	0.46	0.11	-3.557[c]	0.00038	61.54	Sig
	AT	0.67	1.00	0.49	0.12				
Group B	BT	2.00	2.00	0.65	0.16	-3.508[c]	0.00045	73.33	Sig
	AT	0.53	1.00	0.52	0.13				

From the above table we can observe that, P-Value for Group-A and Group-B s less than 0.05. Hence, we can conclude that, effect observed in Group-A and Group -B is significant.

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Table No.-07: Showing the Comparative effect of Trial Drugs between Group A and group B on both Subjective and Objective parameters

Variable	Group	N	Mean Rank	Sum of Ranks	Mann-Whitney U	P-Value	Result
Kandu	Group A	15	11.50	172.50	52.500	0.00023	Sig
	Group B	15	19.50	292.50			
	Total	30					
Raga	Group A	15	16.00	240.00	105.000	0.05501	NS
	Group B	15	15.00	225.00			
	Total	30					
Daha	Group A	15	14.50	217.50	97.500	0.0041	Sig
	Group B	15	16.50	247.50			
	Total	30					
Pidaka	Group A	15	13.67	205.00	85.000	0.0141	Sig
	Group B	15	17.33	260.00			
	Total	30					
Number of lesion	Group A	15	13.83	207.50	87.500	0.02103	Sig
	Group B	15	17.17	257.50			
	Total	30					
Size of lesion	Group A	15	12.73	191.00	71.000	0.00365	Sig
	Group B	15	18.27	274.00			
	Total	30					

Mann Whitney U Test is carried out for comparison between Group A and Group B. From above table, we can observe that, P-Value for almost parameters is less than 0.05. Hence, we can conclude that, there is significant difference between Group A and Group B.

Further, we can observe that **mean rank for Group B is greater than Group A**. Hence, we can conclude that, effect **observed in Group B is better than Group A**.

Table no.-08: Showing the overall Clinical Assessment of Result in Patients (n=30)

Overall Effect	Group A		Group B	
	N	%	N	%
Marked Improvement	5	33.33%	10	66.67%
Moderate Improvement	6	40%	5	33.33%
Mild Improvement	4	26.67%	0	0.00%
No Improvement	0	0.00%	0	0.00%
TOTAL	15	100.00%	15	100.00%

It has been observed that, as per treatment, in Group B, 10(66.67%) were shown marked improvement, 5 (33.33%) were shown moderate improvement, none of the patients were shown mild improvement and Unsatisfactory result. In Group A, 5 (33.33%) were shown marked improvement,6 (40%) were shown moderate improvement, 4 (26.67%) were shown mild improvement and none of the patients were shown unsatisfactory result.

DISCUSSION

EFFECT OF THE DRUG ON SUBJECTIVES & OBJECTIVE PARAMETERS

Kandu

In the Group-B Relief in Dadru was 82.86% which has highly significant and Group-A was 75%. From above table we can observe that, P-Value for Group A and Group B was less than 0.05. Due to Laghu & Snigdha guna, Seeta virya, Pitta samaka and Raktasodhak karma, Rechaka property of Aragvadha Patra churna helped to relief from Kandu. Therefore it probably helped in reduces the kandu and showing significant result.

Raga

In the Group-B Relief in Dadru was 82.86% which has highly significant and Group-A was 75%. From above table we can observe that, P-Value for Group A and Group B was less than 0.05. .Due to Seeta Virya and Madhura Vipaka of this drugs counteract the hot and unctuous nature of *Pitta* and *Kapha doṣa*, reducing Raga (Erythma). Therefore it probably helped in reduces the Raga and showing significant result.

Daha

In the Group-B Relief in Dadru was 82.86% which has highly significant and Group-A was 75%. From above table we can observe that, P-Value for Group A and Group B was less than 0.05. Due to Snigdha guna, Tikta & Kashaya Rasa, Seeta Virya of this drugs

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counteract the hot and unctuous nature of Pitta and Kapha doṣa, reducing Daha (Burning Sensation).Therefore it probably helped in reduces the Daha and showing significant result.

Pidaka

In the Group-B Relief in Dadru was 82.86% which has highly significant and Group-A was 75%. From above table we can observe that, P-Value for Group A and Group B was less than 0.05. .Due to Tikta & Kashaya Rasa,Seeta Virya and Raktasodhak karma, Mrudu virechaka, Kandughna, Sothahara, Kusthgna properties of this drugs counteract the hot and unctuous nature of Pitta and Kapha doṣa, reducing Pidaka (Papular Eruption). Therefore it probably helped in reduces the Pidaka and showing significant result.

No. of Lesion

In the Group-B Relief in Dadru was 74.07% which has highly significant and Group-A was 61.54%. From above table we can observe that, P-Value for Group A and Group B was less than 0.05. Due to Tikta & Kashaya Rasa, Seeta Virya and Raktasodhak karma, Rechak, Kandughna, Sothahara,kusthgna properties of this drugs counteract the hot and unctuous nature of Pitta and Kapha doṣa, decrease the no. of lesion.Therefore it probably helped for decreasing of no. of lesion and showing significant result.

Size of Lesion

In the Group-B Relief in Dadru was 73.33% which has highly significant and Group-A was 61.54%. From above table we can observe that, P-Value for Group A and Group B was less than 0.05. Due to Tikta & Kashaya Rasa, Seeta Virya and Raktasodhak karma, Mrudu virechaka, Kandughna, Sothahara, kusthgna properties of this drugs counteract the hot and unctuous nature of Pitta and Kapha doṣa, decrease the size of lesion. Therefore it probably helped for decreasing of size of lesion and showing significant result.

DISCUSSION ON OVERALL EFFECT OF THERAPY

When the data analysed for overall result of therapy the following observations are made-

- Marked improvement was seen in 10 patients (66.67%) in Group B and 5 patients (33.33%) in Group A.
- Moderate improvement was seen in 5 patients (33.33%) in Group B and 6 patients (40%) in Group A.
- Mild improvement was seen only in 4 patients (26.67%) in Group A.

CONCLUSION

Based on the principles of the *Vividhasitapitiya Adhyaya*, the management of Dadru requires addressing the vitiated *Rakta* through a combined approach of internal purification (*Shodhana*) and external application (*Bahirparimarjana*). *Aragvadha patra lepa*, prepared from dry leaf powder, is a safe and effective topical treatment. Its potent antifungal, antimicrobial, and antipruritic properties directly counteract the infection, while its wound-healing effects promote the restoration of healthy skin.

Aragvadha Patra churna which is predominant of Madhura Rasa, Sheeta Virya, Madhura Vipaka and Madhura,Guru,Snigdha Guna having properties like Kusthagna, Kapha-Pittahara action was selected for the study. The drugs are easily available, affordable and usable also.

Effect of the medicine i.e. Aragvadha Patra Churna in internal use and Aragvadha Patra Churna Lepa in external use is more significant in reducing the subjective and objective parameter as compare to use of only externally use of Aragvadha Patra Churna. Forth coming researcher may pursue further study in this aspect in a large sample size over a period of longer duration

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