



Research Article

A STUDY ON THE EFFECT OF CHITRAKADI LEPA WITH PUNARNAVADI KASHAYA IN VIPADIKI

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ABSTRACT

Vipādika is a common disorder of skin which affects the people irrespective of age and sex. Due to its severity and chronicity it hampers the daily activities of an individual. The main symptom for *Vipādika* is *Daranam* (crack) which presents along with *Kandu* (itching), *Vedana* (pain). **Objective:** A clinical study was conducted to evaluate the effect of *Chittrakadi lepa* with *Punarnavadi kashaya* in *Vipadika*. **Materials and method:** The study design is interventional study-pre and post-test with a sample size of 15 patients with signs and symptoms of *Vipādika* belonging to age group 20-60 years, attending the OPD of *Agadatantra* department, Govt. Ayurveda College, Thiruvananthapuram were selected. Patients on corticosteroids, pregnant and lactating woman are excluded. Before intervention, 25gm of *Avipathy choornam* was given for *Anulomana*. The study group was given *Punarnavādi kaṣaya* (48ml) internally twice daily half an hour before food and *Chittrakādi lepa* mixed with *Gritha* and *Tila taila* was applied externally twice daily for 30 days. After completion of treatment, a follow up period of 15 days was advised. Symptomatic assessment was done before the treatment, 15th day, after the treatment (31st day) and after follow up period 45th day. The outcome variables like no. of crack, pain, itching, and nature of crack were assessed. **Results and Discussion:** Result was analysed statistically using non parametric statistical test - Freidmans test with Dunnets multiple comparison test (post-hoc). The result obtained was highly significant in relieving the cardinal symptoms of *Vipādika* especially pain.

KEYWORDS: *Vipadika*, Psoriasis, *Chittrakadi lepa*, *Punarnavadi kashaya*.

INTRODUCTION

Diseases of the skin are of common occurrence. The general impression is 10-20% of patients seeking medical advice, suffer from skin diseases. There is a popular adage that skin patients are never cured and never die. Like all generalization, it is quite untrue. Admittedly skin diseases are seldom fatal. But the cure rates in skin diseases compares quite favorable with cure rate in any other specialties and cases which can be cured out right are often favourably influenced by the control of troublesome illiteracy in tropical countries and climatic factors to create special problems in the treatment of skin diseases.

Vipadika is a common disorder of skin which affects the people irrespective of age and sex. It is not limited to any particular class in the society. People those who are involved mainly in fieldwork, those who are having continuous exposure to running water, standing for long hours, followed by lack of foot care, conduce to formation of fissures on the feet. Athlete's foot, psoriasis, eczema, thyroid disease, diabetes and some other skin conditions may also cause cracked heel. Thick dry scaly skins lose

elasticity with age and thus cracks have higher incidence with age. When the dry skin cracks, it forms deep fissures and ends up in bleeding and hurting if not taken care of. Fissures are regular linear cut wounds and mostly affect the surface level which comprises of the epidermis. Sometimes it may get deep into the dermis and become painful. Due to its severity and chronicity, it hampers the daily activities of an individual. It can also be considered as cosmetic problem in the society.

Vipadika manifests in both *Pani* and *Pada* or alone in either. In Ayurveda, *Vipadika* is included under *Kshudra kushta* by *Vagbhata* and *Caraka* but under *Kshudra roga* by *Susrutha*^[1-3]. The main symptom for *Vipadika* is *Daranam* (crack) which presents along with *Kandu* (itching), *Vedana* (pain), *Raga* (erythema). A combination of two *Yogas*, *Chittrakadi lepa* and *Punarnavadi kashaya* were used in this study. The study drug *Chittrakadi lepa* is a preparation mentioned for *Vipadika* in the context *Kushtaswithra chikitsa* in *Chikitsa Manajari*^[4]. *Punarnavadi kashaya* which is mentioned in

Mahodara adhyaya of *Chikitsa Manjeri* is having *Vishahara, Kandughna* and *Kushtahara* property^[5].

Since the subject matter of dermatology is superficial and so available for observation, the practice pertinently requires an acute observation with an ability to pay attention to details. The diagnosis of the cutaneous diseases is essentially objective and the details of lesions, occupational stigmas etc. are important.

Being one among the cosmetic problem of present day life, it is necessary to develop an optimal alternate and cost effective formulation for the management of *Vipadika*. The preparations used in the study- '*Chitrakadi lepa*' and '*Punarnavadi kashaya*'- can be proven a very effective yoga in the management of *Vipadika* and it is really cost effective. So the present study has been selected on this background to prove the effectiveness of '*Chitrakadi lepa*' and '*Punarnavadi kashaya*' in the management of *Vipadika*.

MATERIALS AND METHODS

OBJECTIVE

To evaluate the effect of *Chitrakadi lepa* and *Punarnavadi kashaya* in the management of *Vipadika*.

Study Design: Interventional study - Pre and Post

Study Setting: OPD of *Agadatantra* department, Govt. Ayurveda College, Thiruvananthapuram

Study Population: Patients with signs and symptoms of *Vipadika* belonging to age group 20-60 years, attending the OPD satisfying the inclusion criteria.

Inclusion Criteria: Patients of both sexes in age groups 20-60 years having signs and symptoms of *Vipadika*.

Patients who are not currently taking medicine for *Vipadika*.

Exclusion Criteria

- Children, pregnant woman and lactating mothers.
- Patients who are under steroid therapy.
- Patients having metabolic disorders like diabetic mellitus etc.

Sample Size: Sample size was 15

Data Collection: Clinical observation using a case proforma

Study Tool

- Case proforma
- VAS scale for pain analysis

Methods

Patients satisfying the inclusion criteria were selected from the OPD of Department of *Agadatantra*, Government Ayurveda College, Thiruvananthapuram. The investigations like Hb%,

total WBC count, differential count, ESR, RBS were done in all the patients before the treatment to exclude the patient with other illness. Detailed evaluation of integumentary system was made to diagnose the disease and to know the severity of the disease, also to assess the improvement in the condition of the patients before and after treatment. Every patient was enquired for various etiological factors described for *Vipadika* during the period of taking history of present illness. An effort was made to evaluate the status of symptoms of *Vipadika* with the help of prepared table before study, during study, after the study and after follow up.

The mode of onset of *Vipadika*, duration, frequency, variation in the pattern and periodicity were noted down. With the help of relevant history, the time of occurrence of this dermatological manifestation in a particular season, having the symptoms of crack, itching and bleeding were recorded before study, during study, after the study and after follow up. The study was conducted in a single group. An informed consent was taken from the patient prior to the study.

Before the commencement of the intervention, an *Anulomana* with *Avipathy choorna*^[6] in honey was given. The dose was fixed to 25gm. (Changes according to the *Koshta* and *Agnibala* of patient). From the next day onwards clinical intervention started.

Clinical Intervention

Table 1: Internal Medicine

Particulars	Details
Drug	<i>Punarnavadi</i>
Dosage form	<i>Kashaya</i>
Mode of use	Internal
Dose	48ml bd
Duration between dose	12 hrs
Time	6am and 6pm before food
Duration	30 days (60 dose)

Table No.02 External Medicine

Particulars	Details
Drug	<i>Chitrakadi lepa</i>
Dosage form	<i>Choornam</i>
Mode of use	<i>Lepana</i> at the site of lesion with ghee and <i>Tila taila</i>
Duration between dose	6 hours
Time	10 am and 4 pm
Duration	30 days (60 doses)

Strict following of *Pathyakrama* was advised.

Follow up: Further follow up was done after 15 days of the treatment.

Study period: 45 days

Assessment

- Assessment was made by observing the improvements in the clinical features based on the gradation before study, during study, after the study and after follow up.
- Assessment was made on the following schedule.
 - ✓ Initial assessment before the commencement of the treatment.
 - ✓ Second assessment on 15th day.
 - ✓ Third assessment on 31st day.
 - ✓ 4th assessment after two weeks of follow up period.

Selection of Drugs

- *Punarnavadi Kashaya* is mentioned in *Chikitsa Manjeri*, in the Chapter *Mahodara Chikitsa*.
- *Avipathy choornam* mentioned in the *Virechana Kalpa of Ashtanga Hridaya* and is indicated in all *Visha* conditions.
- *Chitrakadi lepa* is an effective medicine specially mentioned for *Vipadika* in the context of *Kushtaswitra Chikitsa Adhyaya* in *Chikitsa Manjeri*.

Outcome variables

- Itching
- Nature of cracks
- No. of cracks
- Pain

OBSERVATION AND RESULTS

A. Itching

Table 1: Assessment of effect of intervention on itching

Itching	BT		DT		AT		AF	
	N	%	N	%	N	%	N	%
Absent	0	0	3	20	13	87	11	73
Mild	2	13.3	10	67	2	13	3	20
Moderate	5	33.3	2	13	0	0	1	7
Severe	8	53.3	0	0	0	0	0	0

Table 2: Analysis of effectiveness of intervention on itching

	Mean	SD	Fr. Value	p Value
BT	2.4	0.7368	38.220	<0.0001
DT	0.93	0.59		
AT	0.13	0.35		
AF	0.33	0.6172		

There was considerable difference between the means of decrease in itching after each assessment, which was found to be significant at $p < 0.0001$ and Fr value 38.220 using Friedman's test.

Assessment Criteria

Pain

Pain was assessed using VAS (Visual Analog Scale). The scale of 10cm drawn on a paper and the patient was instructed to mark against the reading to his or her pain severity before treatment, which was considered to be initial pain scale reading. The procedure was repeated during assessment time.

No. of cracks (per cm²)

0	Absent
1	<3 cracks
2	4– 7 cracks
3	>7 cracks

Nature of cracks

0	Absent
1	Red flaky patches
2	Superficial peeling of skin
3	Deep cracks without bleeding
4	Deep cracks with bleeding

Itching

0	Absent
1	Mild (occasional itching)
2	Moderate (itching which does not disturb sleep)
3	Severe (itching which disturbs sleep)

Statistical Analysis

The data obtained from the study was analysed statistically. On analysing the grades of variables it is found that the normality test is not passed. So here the non-parametric statistical test Friedman's test with Dunnett's multiple comparison test (post-hoc) is used.

Table 3: Comparison of effectiveness of intervention on itching

Comparison	Significance	p value
BT vs DT	*	p < 0.05
BT vs AT	***	p < 0.001
BT vs AF	***	p < 0.001
DT vs AT	Ns	p > 0.05
DT vs AF	Ns	p > 0.05
AT vs AF	Ns	p > 0.05

Ns- Not significant (p>0.05), *** - Highly significant (p<0.001), ** - Moderately significant (p<0.01), * - Significant (p<0.05)

On multiple comparisons using Dunnett's Multiple comparison test, during treatment vs after treatment, during treatment vs after follow up, after treatment vs after follow up were not significant p>0.05. Before treatment vs during treatment is significant p<0.05. Before treatment vs after treatment and before treatment vs after follow up were highly significant p<0.001.

No. of Cracks

Table 4: Assessment of effect of intervention on No. of cracks

No. of cracks/cm ²	BT		DT		AT		AF	
	N	%	N	%	N	%	N	%
0	0	0	0	0	10	66.6	8	53
<3	0	0	2	13	4	26.6	4	27
3 - 7	2	13	13	87	1	6.6	3	20
>7	13	87	0	0	0	0	0	0

Table 5: Analysis of effectiveness of intervention on No. of cracks

	MEAN	SD	Fr VALUE	p VALUE
BT	2.87	0.35	41.250	< 0.0001
DT	1.87	0.35		
AT	0.4	0.63		
AF	0.67	0.81		

There was considerable difference between the means of decrease in no. of cracks after each assessment, which was found to be significant at p < 0.0001 and Fr value 41.250 using Friedman's test.

Table 6: Comparison of effectiveness of intervention on No. of cracks.

Comparison	Significance	p value
BT vs DT	Ns	p>0.05
BT vs AT	***	P<0.001
BT vs AF	***	P<0.001
DT vs AT	*	P<0.05
DT vs AF	Ns	p>0.05
AT vs AF	Ns	p>0.05

Ns- Not significant (p>0.05), *** - Highly significant (p<0.001), ** - Moderately significant (p<0.01), * - Significant (p<0.05)

On multiple comparisons using Dunnett's Multiple comparison test, before treatment vs during treatment, during treatment vs after follow up, after treatment vs after follow up were not significant p>0.05. During treatment vs after treatment is significant p<0.05. Before treatment vs after treatment and before treatment vs after follow up were highly significant p<0.001.

Nature of Cracks**Table 7: Assessment of effect of intervention on nature of crack**

Nature of crack	BT		DT		AT		AF	
	N	%	N	%	N	%	N	%
Normal skin	0	0	0	0	7	46.6	9	60
Red flaky patches	0	0	6	40	6	40	5	33
Superficial peeling of skin	0	0	7	47	1	6.66	0	0
Deep cracks without bleeding	12	80	2	13	1	6.66	1	7
Deep cracks with bleeding	3	20	0	0	0	0	0	0

Table 8: Analysis of effectiveness of intervention on nature of crack

	Mean	SD	Fr Value	p Value
BT	3.2	0.414	36.360	< 0.0001
DT	1.73	0.704		
AT	0.73	0.884		
AF	0.53	0.834		

There was considerable difference between the means of decrease in nature of crack after each assessment, which was found to be significant at $p < 0.0001$ and Fr value 36.360 using Friedman's test.

Table 9: Comparison of effectiveness of intervention on nature of crack

Comparison	Significance	p value
BT vs DT	ns	$p > 0.05$
BT vs AT	***	$p < 0.001$
BT vs AF	***	$p < 0.001$
DT vs AT	ns	$p > 0.05$
DT vs AF	ns	$p > 0.05$
AT vs AF	ns	$p > 0.05$

Ns- Not significant ($p > 0.05$), *** - Highly significant ($p < 0.001$), ** - Moderately significant ($p < 0.01$), * - Significant ($p < 0.05$)

On multiple comparisons using Dunnett's Multiple comparison test, before treatment vs during treatment, during treatment vs after treatment, during treatment of treatment vs after follow up, after treatment vs after follow up were not significant $p > 0.05$. Before treatment vs after treatment and before treatment vs after follow up were highly significant $p < 0.001$.

Pain**Table 10: Assessment of effect of intervention on pain**

PAIN VAS scale	BT		DT		AT		AF	
	N	%	N	%	N	%	N	%
0	0	0	2	13.33	10	67	10	66.6
1	0	0	2	13.33	5	33	3	20
2	1	6.66	3	20	0	0	1	6.66
3	1	6.66	1	6.66	0	0	0	0
4	1	6.66	6	40	0	0	0	0
5	0	0	0	0	0	0	0	0
6	1	6.66	1	6.66	0	0	0	0
7	0	0	0	0	0	0	1	6.66
8	6	40	0	0	0	0	0	0
9	5	33.33	0	0	0	0	0	0
10	0	0	0	0	0	0	0	0

Table 11: Analysis of effectiveness of intervention on pain

	Mean	SD	Fr Value	p Value
BT	2.87	0.35	41.250	< 0.0001
DT	1.87	0.35		
AT	0.4	0.63		
AF	0.67	0.81		

There was considerable difference between the means of decrease in pain after each assessment, which was found to be significant at $p < 0.0001$ and Fr value 41.250 using Friedman's test.

Table 12: Comparison of effectiveness of intervention on pain

Comparison	Significance	p value
BT vs DT	*	$p < 0.05$
BT vs AT	***	$p < 0.001$
BT vs AF	***	$p < 0.001$
DT vs AT	ns	$p > 0.05$
DT vs AF	ns	$p > 0.05$
AT vs AF	ns	$p > 0.05$

Ns- Not significant ($p > 0.05$), *** - Highly significant ($p < 0.001$), ** - Moderately significant ($p < 0.01$), * - Significant ($p < 0.05$)

On multiple comparisons using Dunnett's Multiple comparison test, during treatment vs after treatment, during treatment vs after follow up, after treatment vs after follow up were not significant $p > 0.05$. Before treatment vs during treatment is significant $p < 0.05$. Before treatment vs after treatment and before treatment vs after follow up were highly significant $p < 0.001$.

DISCUSSION

The most important feature of *Vipadika* is its seasonal recurrence. In *Dooshivisha*, *Avarana* of *Vata* occurs by *Kapha*. The *Prakopa* of this *Kapha* occurs in *Seethanila durdina*. So during *Hemantha*, *Sisira* and *Varsha kala*, *Kapha kopa* occurs which leads to the recurrence of *Vipadika*. *Acharyas* unanimously described *Vipadika* as *Vatakapha kushta*. *Charakacharya* advised to avoid the *Atiyoga* of *Vyayama* (exercise), *Vyavaya* and *Adhwa* (walking long distances) since they lead to *Vata kopa*. Even though in *Dooshivisha vata* is under the *Avarana* of *Kapha*, this *Atiyoga* leading to *Vatakopa*, increases the *Veerya* of *Visha*.

Since *Vipadika* is considered as a *Vatakaphaja kushta*, *Kaphavritha visha* (*Dooshivisha*) has primary position among the aetiopathogenesis of *Kaphanvitha kushta*.

Drug Review

Reason for selection of a combined formulation (*Chitrakadi lepa* and *Punarnavadi kashaya*) in *Vipadika*

Both exogenous and endogenous factors play a major role in the manifestation of *Vipadika*. Till date no effective formulations have been put forth even though a lot of oral and topical applications are being circulated. The main feature of *Vipadika* is its relapsing nature. In contemporary science this condition is managed with carotolytics, but has limitations in preventing the recurrence. Current treatment modalities do not serve to be fruitful due to the recurrent and chronic nature of *Vipadika*. This can be well managed by administering a suitable combined formulation which can encounter it both externally and internally.

In the present study, *Chitrakadi lepa* and *Punarnavadi kashaya* were used to treat *Vipadika*.

Mode of action of *Chitrakadi lepa*

Chitrakadi lepa is a *yoga* mentioned in *Chikitsa manjeri*, *Kushtaswitra adhyaya*. It is specially indicated in *Vipadika*. Its main content is *Chitraka* followed by *Haridra*, *Tilam*, *Maricham*, *Erاندam*, *Gritam* and *Tila tailam*.

Chitraka was considered to be a *Visha* drug and owing to its *Vishaguna*, it is useful in many therapeutical preparations. Its *Veerya* is *Ushna* and is *Kaphavatahara* in nature. Researches' have revealed its antimicrobial and antioxidant activity. Even though a single predominant potent toxic chemical constituent has not been isolated, there has been no proven toxicity on skin exposure and hence it can be used for a safer topical application.

On assessing the pharmacodynamics of the entire formulation, the predominant *Rasa* is *Kadu* (57%), *Tiktha* (57%) and *Madhura* (28.5%) followed by *Kashaya* (28.5%) and devoid of *Amla* and *Lavana*. Among *Guna*, *Ushna* (57%) and *Snigdha guna* (57%) are dominating when compared to *Laghu* (43%), *Rooksha* (43%), *Sookshma* (2028.5%) and *Theekshna* (28.5%). All the drugs in this yoga are *Ushnaveerya* (86%) except *Gogritha* which is *Seetha veerya*. *Chitraka*, *Maricha* and *Haridra* are having *Katuvipaka* were as *Tilam* and *Eranda* are having *Madhura vipaka*. Regarding *Doshaharatwa* property, all the drugs except *Tila* are *Kapha vata samaka*. *Tila* is *Vatasamana* only. *Gogritha* is *Vata pitta samaka*. This *Kapha vataharatwa* property holds good in reducing the crack, itching and painful nature of *Vipadika*. *Haridra* is *Varnyam* and *Tilam* is *Twachyam*. Also *Haridra* is having *Kushtaghna karma*, along with *Kandughna* and *Vranaghna*. *Varnya* can be attributed due to the *Pittaprasadana* and *Vatasamana* nature of the *Haridra* and *Tila*.

a. *Doshik aspect in Vipadika*

Chitraka, *Maricha*, *Haridra* and *Eranda* are ideal in curing *Kaphaja* and *Vataja vikaras* due to the *Ushna veerya*. In most of the cases itching will be the main complaint for which patient may be seeking medical attention. In chronic condition the crack will be spreading along with itching. As mentioned earlier in the literary review, *Vata* (spreading nature) and *Kapha* (itching) are responsible for these features. Along with these drugs *Vataharatwa* of *Tila* is also a contributing factor. Therefore combination of these drugs in the *Chitrakadi yoga* makes it perfect for curing *Vipadika*.

b. *Deepana property in Vipadika*

Deepana property can be analysed as *Agnimandhya prasamana karma*. External treatment modalities can have effect on *Agni*. As discussed in literary review in dermatological ailments there will be *Brajakagni* derangement. All the drugs in the *yoga* are *Ushnaveerya* and also *Chitraka* and *Maricha* are especially having *Deepana* property. Thereby these drugs would be correcting the *Brajakagnimandhya*.

c. *Action of Pramadi guna*

Pramadhi property is that which clears *Srothas* obstructed by *Doshas* and *Malas*. *Maricha* alone is having *Pramadhi* property. *Rektha vaha srotovaigunya* and *Swedavaha srotovaigunya* should be suspected in chronic cases of *Vipadika*, were there is no response to treatment. It clears the *Twak srotho vaigunya* and *Swedavahasrotho vaigunya*.

d. *Sookshma guna aspect in Vipadika*

The *Sookshma* property of *Eranda* enhances the penetrating power of the drug so that it can spread

the whole body. Due to this property the drug can penetrate to the deeper levels through the minute *Srothases* i.e., through *Rasavaha srotas*, *Rekthavaha srothas* and *Swedavahi srothas* present in skin.

e. *Snigdha guna aspect in Vipadika*

Vata is one of the main causes of *Vipadika*. The *Rooksha guna* of *Vata* causes severe dryness which finally leads to the formation of cracks (*Daranam*). *Snigdha guna* of *Tilam*, *Eranda*, *Gogritam* and *Tila tailam* reduces the *Rookshaguna* of *Vata* thereby oleating the affected area.

f. *Rasa aspect in Vipadika*

From the literary review, it is clear that *Kandu* and *Daranam* are the major manifestation of *Vipadika*. *Kandu* is the typical feature of *Kapha dushti* and *Daranam* is the feature of *Vata dushti*. *Chitraka*, *Maricha*, *Haridra* and *Eranda* are having *Katu rasa*, which pacifies the *Dushta kapha*. Whereas *Madhura rasa* of *Tilam* and *Eranda* pacifies the aggravated *Vata dosha*.

Gogritha and Tila taila as medium of application

In dermatology, the base of a topical medication is often as important as the medication itself. It is extremely important to mix a medication in the correct base, before applying to the skin. In this study *Chitrakadi lepa* is applied with *Gogritha* and *Tila taila* as a suitable medium of application. The effect of this *yoga* can be observed when administered with *Gogritha* and *Tila taila* since *Grittha* is *Vishahara* and *Deepana*. *Tila taila* is specially having *Sookshma*, *Visada* and *Vyavayi* properties. These properties help the drugs to enter into the *Rasavahasrotas* and *Swedavahasrotas* thereby correcting the *Srotovaigunya*. *Lepas* were *Gogritha* and *Tila taila* are applied will provide *Snigdha* to the site of the disease. Thus an ideal base should be selected as it provides a suitable and easier access to the active principles of the drugs upto the deepest stratum of the skin.

Punarnavadi Kashaya

In this study *Punarnavadi kashaya* was selected as a study drug. *Punarnavadi kashaya* is explained in the context of *Mahodara Chikitsa* in *Chikitsa Manjeri*. The *yoga* is a combination of 8 drugs. All the drugs were taken in equal quantity and administered in *Kashaya* form for a period of 30 days.

➤ *Mode of action of drug*

The pharmacology of the drug when analysed on Ayurvedic parameters shows that *Rasa* of the *yoga* is predominantly *Tiktha* (87.5%) and *Katu* (87.5%) followed by *Kashaya rasa* (25%), *Madhura* (12.5%) and *Amla rasa* (12.5%). While considering the *Guna*, predominance is *Laghu* (75%), followed by *Ushna* (50%), *Snigdha* (12.5%), *Teekshna* (12.5%) and

Ruksha (50%). Regarding *Veerya* of the yoga, it is predominantly *Ushna* (87.5%) and *Nimba* alone is *Seetha*. Considering *Vipaka*, *Katu* (50%) and *Madhura* (50%) share equal proportion.

- *Doshaghna* property of the combination is dominantly *Tridosha samana*. If individual drugs were considered, *Punarnava*, *Sunti* and *Tiktha* are *Kaphavata samana*.
- *Dhatu karma*- *Rasa*, *Rektha*
- *Agnikarma*- *Deepana*, *Pachana*
- *Avayava karma*- *Twakdoshaharam*
- *Rogaghna karma*- *Kushtahara*, *Kandughna*, *Vishahara*

Acharya Charaka states that certain drugs act through *Rasa*, some through *Guna*, some through *Veerya* or *Vipaka* and some drugs by their *Prabhava*.

❖ At the level of *Dosha*

Since *Punarnavadi kashaya* have predominantly *Katu*, *Tiktha rasa* and *Laghu*, *Ushna*, *Snigdha* and *Rooksha gunas*, it pacifies aggravated *Kapha* and *Vata*. *Vata* is *Rooksha* and *Seetha*. It will be pacified by the *Snigdha* and *Ushna gunas* of the *Sunti*, *Tiktha*, *Amritha*, *Darvi* and *Abhaya*.

❖ At the level of *Srotas*

Punarnava, *Patola*, *Tiktha*, *Amritha*, *Darvi* and *Abhaya* are having *Ushna veerya*. Along with this property, the *Laghu*, *Ruksha*, *Theekshna* and *Ushna guna* altogether acts by penetrating the minute *Srotases* thereby removes the *Srotorodha*.

❖ At the level of *Agni*

All the drugs in the *Yoga* are unanimously having *Deepana* property i.e., *Agnivardhana karma*. The predominant *Thikta rasa*, *Theekshna guna* and *Ushna veerya* enhances the *Jataragni*. This *Jataragni* in turn amplify all other *Agnis*. By correcting the *Brajakapitta*, at the skin level, it helps in reducing the discolouration of the skin. Among the 8 drugs *Patola* alone is having *Varnya* property.

❖ *Rasayana* aspect in *Vipadika*

In this formulation *Punarnava*, *Amritha* and *Abhaya* are having *Rasayana* property. To attain a *Rasayana* property in external application, there should be a systemic action. In the context of *Dhara*, it is said that the *Dhara* medicine reaches the *Spatha dhatus* after stimulating the *Saptha twak*. Along with many therapeutic uses, *Takradhara* alleviates *Ojokshaya* and *Agnimandhya*. It has been clear from this reference that external procedures on skin possibly will have systemic effect. The antioxidant property of *Punarnava*, *Amritha*, *Abhaya* and *Chitraka* acts as *Rasayana* in *Vipadika*.

❖ At the level of *Dhatu*

Rasa and *Rektha* are the two *Dhatus* vitiated during the *Samprapthi* of *Vipadika*. The *Deepana* property of the *yoga* corrects the *Dhatwagni mandhya* thereby correcting the vitiated *Dhatus*. For the manifestation of *Twakvikaras*, involvement of *Rekthadhatu* is mandatory since *Twak* is *Rekthasambhava*. The drug *Darvi* have *Twakdoshaharatwa* property. Owing to the *Kaphapittahara* property of *Patola*, *Nimba*, *Abhaya*, *Darvi* and *Amritha*, vitiated *Rektha dhatu* is corrected there by clearing all *Twakvikaras*. Thus it act as a perfect *Kushtaghna yoga*.

Punarnava, *Nimba*, *Katuka* and *Darvi* are having *Vishahara* property. Along with the antioxidant property of the *Chitraka*, this *yoga* has a role in acting *Vishahara*. *Vipadika* was having a *Dooshivisha* nature due to its chronicity and relapse nature. *Dooshivisha* is *Kaphavrita vata* in nature. The *Ushna veerya* and *Theekshna guna* along with the *Vishahara* property alleviates the vitiated *Kapha* and *Vata* thereby reduces the effect of *Dooshivisha*. Therefore the chronicity and relapsing nature of *Vipadika* can be reduced.

From the literary review it has made clear that *Kandu* is the main feature of *Vipadika* along with *Daranam*. *Kandu* belonged to one of the *Nanatmja vyadhis* of *Kapha dosha*. From the *Nidanans*, the *Brajakagni Mandhya* occur leading to *Ama*. This *Amatwa* causes *Rasavahasrotodushti* (*Twak* is one of the structural forms of *Rasadhatu*), leading to *Swedavaha sroto rodham*. By the *Sookshma* property of *Eranda* and *Tila taila*, *Pramadi karma* of *Maricha* along with the *Ushna veerya* and *Katu vipaka* of *Punarnavadi yoga*, the *Kapha vilayana* occurs, thereby the *Srotorodha* is cleared, *Sweda pravriti* is enhanced. This results in *Kandughna* property of the *yoga*.

Daranam with *Vedana* are the identifying features of *Vipadika*. Both are considered as *Nanatmaja vyadhis* of *Vata*. The *Guru*, *Snigdha*, *Ushna guna*, *Madhura vipaka* of *Sunti*, *Amritha*, *abhaya* and *Ushna veerya* of *Punarnava*, *Patola*, *Amritha*, *Darvi* and *Abhaya* pacifies the aggravated *Vata*, thereby act as *Soolaprasamana*.

In general, on analyzing the salient features of *Vipadika*, the *Tridosha samanatwa* of *Punarnavadi kashaya* along with its *Ushna veerya* act in order to rectify the *Dooshivisha* perspective of the disease thereby providing a healthy skin.

CONCLUSION

The combined therapy with *Chitrakadi lepa* and *Punarnavadi kashaya* was found effective in reducing the *Vedana*, *Daranam* and *Kandu* nature of *Vipadika*. In the assessment of itching, significant result was seen after 15 days of treatment period.

Regarding the nature of crack, considerable changes were seen after the 15 days of intervention. In the case of number of cracks per cm², significant results were obtained after the treatment. After follow up, slight increase in no. of cracks/cm² was observed. Regarding pain, considerable relief was seen after 7 days of application of medicine. After follow up, slight increase in pain was noticed. *Chitrakadi lepa* being *Kaphavata samana*, is good in treating *Vipadika* and also helps in retaining the normalcy of the skin by its specific properties like *Vishahara*, *Twakdosaharatwa* and *Rasayana*. *Punarnavadi kashaya* as a supportive medicine, gave appreciable result in correcting the *Agni*, *Dhatu*s there by creates a well-balanced immune system.

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