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A Comparative Clinical Study of Grithayavakshara Lepa and Katutaila in Management of Padadari W.S.R Rhagades

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Abstract-*Padadari is one of the commonest and most neglected diseases. Most of the people work in farms in wet soil or water without protecting the feet. Some people don't use foot wears and walk bare foot. Such reason leads to incidence of cracking the skin of the feet, which is very common. The present study objectives are to evaluate the efficacy of Madanadi Lepa with and without Siravyadha in Padadari. In this trial, total 40 cases were studied into two groups as 'A' and 'B' each group consisting of 20 patients, Group A patients was advised Madanadi Lepa and Group B Siravyadha with Madanadi Lepa. The present study reveals that in Group A, none had complete relief, 2 patients (10%) had marked improvement and 11 patients (55%) had Moderate improvement, 7 patients (35%) had mild improvement. In Group B, none had complete relief, 3 patients (15%) had marked improvement, 13 patients (65%) had Moderate improvement and 4 patients (20%) had mild improvement. After the total course of intervention, the data obtained towards the results indicate that Group B showed good response on symptoms than Group A after treatment and at the end of follow up. It was an attempt made to clinically compare the effect of Sagritha Yavakshara Lepa and Katutaila abhyanga in Padadari.*

Keywords- *Sagritha Yavakshara Lepa, Katutaila, Padadari.*

I. INTRODUCTION

Ayurveda is being science of life not only deals with the health and illness of human being but also throws considerable light on life style and cosmetic aspects with its objects.

Rhagades/cracked heels are common foot problem that are often referred to as heel fissures. Padadari¹ is now days considered as one of the major cosmetic health problem affecting both sex. Acharya sushruta has explained Padadari briefly under kshudra rogas. Its major incidence is seen in dry skinned people who cover long distances daily often without proper foot care. It directly affects routine of an individual.

Cracked heels² are a sign of lack of attention to foot care rather than just overexposure or lack of moisturizing. Medically, cracked heels are also known as heel fissures. 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. Excessive pressure on the feet pads make the feet want to expand sideways. As the skin, surrounding the sides of the feet are dry they crack and cause cracked heels.

Dry skin or xerosis is one of the most common causes that lead to cracked heels. The other key reason being thick or callus skin around the rim of the heel. Most of the foot problems arise due to neglect and oversight with regard to feet care.

Cracked heels are not a harmful in anyway except when the fissures or cracks are deep, and tend to become painful and the skin begins to bleed. Heels are a common occurrence for senior citizens or people who are constantly on their feet thus exerting pressure on the feet pad. In addition to this, sebum production decreases with age and so seniors tend to suffer from dry and cracked heels. Dry skin on the heels is often a recurrent problem.

Incidences³ – Cracks in the heel or heel fissures are most commonly seen in older people or persons who constantly walk barefoot. It can affect either both the heels or one of the heels. But most commonly, it is seen on both the heels. Females suffer most commonly than males, “with more indulgence in water, causing cracks”. But, unfortunately, people living in dry climates have higher incidence than persons in wet regions. According to the 2012 National Foot Health Assessment⁴ conducted by the NPD Group for the Institute for Preventive Foot Health, 20 percent of US adults ages 21 and older (about 44 million people) have experienced cracked skin on their feet. The problem is more severe among women, who report the condition at a rate more than 50 percent higher than men. So to find out the effective remedy sincere efforts are made to study the comparative effect of Grithayavakshara Lepa⁵ and Katu Taila application in the management of Padadari w.s.r to Rhagades [Cracked heels].

Aims and Objectives

- To evaluate the efficacy of Sagrithayavakshara lepa in the management of Padadari
- To evaluate the efficacy of Katutailapadabyang in the management of Padadari
- To compare the efficacy of Sagrithayavakshara lepa with Katutaila padabyang in the management of Padadari.

REVIEW OF LITERATURE

Literature regarding padadari is reviewed from

- a) SushrutaSamhita Su.Ni 13/28
- b) Ashtanga Hridaya Uttara adhyaya 32chapter
- c) Rasa.Ratna samuchaya. 25/3
- d) Bhishajya.Ratnavali 16/13
- e) Practice of Dermatology by P.N.Behl
- f) Internet

Literature regarding Gritha yavakshar and Katutaila is reviewed from

- a) Yoga Ratnakar Kshudra Roga Chikitsa.
- b) Bhishajya.Ratnavali 16/13
- c) Rasa.Ratna samuchaya. 25/3
- d) Sushruta Samhita Chikitsa Stana 20/20

II. MATERIALS & METHODS

SOURCE OF DATA

1. Literary data: Literary aspect of study will be collected from classical ayurvedic text books and will be updated with recent medical text books, journals and website.
2. Clinical Data: Irrespective of caste, religion, gender and economic status of patients fulfilling diagnostic and inclusion criteria will be taken from O.P.D and I.P.D of P.G department of Kayachikitsa of Bhagavan Mahaveer Jain Ayurveda medical College Gajendragada.
3. Material Data: Materials for this lepa will be procured from market after proper identification.
4. A) Therapy Data:
Group 1- 20 patients of this group will be treated by Gritha Yavakshara lepa sufficient quantity for external application.
Group 2 - 20 patients of this group will be separately treated with Katu Taila with sufficient quantity for external application.
For both groups sufficient quantity of sample for application will be given for the period of 21 days and instructing the patient to apply at night time and take care that Gritha yavakshara Lepa and KatuTaila application will not vanish due to clothing.
- B) Observation Period:
Observation and recording of the patient will be done once just prior to the subjecting of patients to the treatment and then every 7th day up to 21 days on next 21 day follow up is done. Thus the total period of observation will be 42 days.

Assessment Criteria:

The features of the disease Padadari are classified as subjective and objective. Each of them is given gradation. Assessment of the response to the treatment is made by the study of the features periodically.

Subjective
Ruja

Objective
Number of cracks
Size of cracks

Laboratory Investigations NIL, Noy required

MEHOD OF COLLECTION OF DATA

A minimum 40 patients fulling dignostic and inclusion creteria of either sex will be selected from the O.P.D. and I.P.D. of Kayachikitsa Department of B M J Ayurvedic and Research centre Gajendragada, Dist Gadag, Karnataka.

Diagnostic Criteria

The clinical features in Padadari as mentioned in classics will be taken as the creteria for diagnosis.

Inclusion criteria

- Patient suffering from padadari of both sexes.
- Aged between 16-70yrs.
- Free from systemic diseases.
- Free from other local dermal lesions.

Exclusion criteria

- Pregnant women
- Patients suffering from any other systemic disorder and infective diseases.

Study Design

A comparative clinical study

Procedure

Group A

Sample size: 20 patients

Procedure : Patients will be given GrithaYavakshara Lepa

Group B

Sample Size: 20 Patients

Procedure : Patients will be given KatuTaila application

Patients will be examined up to 21 day on 7th 14th 21st day of treatment and during the follow up.

Follow up

After completion of the course patients will be advised to attend the OPD after 21 days of completion of treatment.

Total study duration: 42 Days

DISCUSSION

Padadari is one of the commonest and neglected diseases. Most of the people work in wet soil or water without protecting the feet. Some people don't use footwear's and walk bare foot. Such a etioloical factors lead to formation of cracks in skin of the feet, which is referred as Padadari.

Samprapti Ghatakas

Dosha: Vata

Dushya: Rasa (Twak), Rakta, Mamsa

The aggravated Vata affects the dushya primarily Sthanika Twak, Rakta and Mamsa of foot.

Srotas: Rasavaha, Raktavaha, Mamsavaha.

Srotas present in the foot get affected by the guna of prakupita Vata. Srotodushti: Sanga

Adhistana: Pada

Utpattisthana: Pada

Vyaktasthana: Pada Twaka

Rogmarga: Bahya

THE TRIAL DRUG – SAGRITHA YAVAKSHARA LEPA

This formulation contains the ingredients, which are having properties like Ushna, Snigdha, Guru, Teekshna, Madhura rasa which helps in reducing pain, rukshata, itching, thus promoting healing of the cracks. Considering these factors Sagrithayavakshara Lepa was selected for clinical study.

Mode of action of trial drug - Sagrithayavakshara Lepa

The probable Mode of action of the drug i.e. Sagritha yavakshara Lepa can be attributed to its properties like Ushna, Snigdha, Teekshna, which help in reducing the rukshata of twak and also helps the healing of cracks fastly by its prakshalana and Ropana properties. Madhura rasa is described as Varnya, Twachya, Vata shamaka. These properties help to reduce pain restoring normal skin texture. . So conclusively it can be opined that synergistic action of all these properties present in trial drug contributed for healing of Cracks.

Mode of action of trial drug - Katutaila

It is also having similar properties like Ushna, Krimigna, and Vrinaropaka and shodhaka properties synergistic action of all these properties present in the trail drug contributed for healing of Cracks.

Brief details of ingredients of trial drug are as follows--

1. Yavakshara : Prakshalana,Shothahar, vedana sthapaka,vranashodhaka.
2. Gritha: : Vran shodaka ,vrana ropaka, krimighna and sroto shodhaka
3. Katutaila :Ushna,Snigdha,vedanasthapaka,vranashodhaka,vranaropaka,and Pittakara

So both trail drugs mainly possesses Vedana sthapaka,Vrana ropaka, Vrana shodhaka and Sandhaniya properties and useful in treating Padadari.

PAIN: Reduction in pain can be attributed to Vedana sthapaka guna, Madura rasa and shita virya properties of trial drug.

Due to Katutaila padabyanga in ailpa pramana prakupita Vata dosha gets shamana so pain will be reduced.

FOOT CRACKS AND SIZE; Sagritha yavakshara lepa has Madura rasa, Vranashodhaka, Vrana ropaka, Krimighna properties apart from snigdha guna of Ghrita. This will help in healing the cracks and ultimately rukshata will and pain will come down and size of cracks will also significantly reduces.

Katutaila padabyanga helps in shamana of Vata dosha but in excess quantity acts as Rakta & Pittakara so daha will increases.

CONCLUSION

Acharya Sushruta is the first person who made a separate category for Kshudra roga and explained the disease Padadari under this as it is having mild causes and symptoms, pathogenesis but worsens on severity.

Patient having Padadari were mainly from the middle age and working class. It was due to poor hygiene of foot and doing work or atichankramana without footwear.

In Padadari symptoms like daha, kandu, bleeding is present which are not mentioned in Ayurvedic text.

Sagrithayavakshara Lep mainly possesses Vedana Sthapaka, Vrana shodhaka, Vrana ropaka and Sandhaniya properties.

Dosha of Padadari is Vata and Dushya of padadari is Rasa (Twak), rakta,Mamsa. So Vatahara Chikitsa along with vrana shodhaka and ropana chikitsa should done.

After analyzing all the data and the Observation it can be concluded that, application of both i.e Sagrithayavakshara Lepa and Katutaila padabyanga is effective in Padadari.

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