

Comparative Study of *Jeevantiyamaka Lepa* and *Vipadikahar Lepa* in the Management of *Vipadika*

Research Article

Bhushan Raghuwanshi^{1*}, Vinod N Ade²

1. Assistant Professor, Department of Kayachikitsa, DRGACHRC, Amravati.

2. Professor, PG Department of Kayachikitsa, Mahatma Gandhi Ayurveda Collage, Hospital & Research Centre, Salod (H), Wardha.

Abstract

The skin diseases many times are not a cause for any mortality; they make the patient worried due to its external appearance. Even though many skin diseases may be cured yet but few diseases (eczema, psoriasis, dermatitis etc.) makes it much irritation for patient and troubles some for treating physician too. And severe itching or burning or oozing disturbs his/her day to day life. *Vipadika* is one among the *Kshudra Kushta*. It is also one among the *vatajananatmaja vikara* which is commonly prevalent, which in chronicity gives maximum pain to the sufferer. All the patients of group A & group B were provided with a container of "*Jeevantiyamaka lepa*" & *Vipadikahar lepa* respectively of 50 gms for 15 days and later again 50 gms for next 15 days, for total 30 days. *Jeevantiyamaka lepa* alone (group A) is effective in the management of *vipadika* with highly significant result from good to encouraging results. *Vipadikahar lepa* (Group B) is very effective in the management of *vipadika* with highly significant results from encouraging to excellent result. Group B therapy is more effective than Group A

Key Words: *Vipadika*, *Kshudra*, *Kushta*, *Jeevantiyamaka lepa*, *Vipadikahar lepa*.

Introduction

From the ancient time, man dealt with various types of diseases and accordingly as time passed the spectrum kept on changing with his social as well as environmental lifestyle. This seems that the presence of a quality of life or environment changes has a direct impact on the physiology of the organism and thereby on the well-being of health as total. By nature, man is born with some predispositions which play an important role in the diseases which he may certainly be afflicted.

Skin problems affects all ages from the neonates to the elderly in both sexes, they always face physical, emotional & social embarrassment in the social life. Large community prevalence studies have demonstrated that between 20-30% of the population have various skin problems which require attention. (1)

Ayurveda noted most of the skin diseases under *Kushta roga*. The actual meaning of *Kushta* is "*Kushnati tad Vapuhu*" means the *roga* which causes the discoloration and disfiguration bringing dishonour upon the sufferer.(2) The above simple definition of *Kushta roga* emphasizes its social inference so that the vaidya should put maximum efforts to treat the disease from its root.

The study of Indian medical classics discloses that all skin diseases are considered under one of the broad headings of "*Kushta*". The *kushta* is one of the *Ashtamahagada* and it affects *Twak*, *Lasika*, *Rakta*, *Mamsa*, *Tridosha* (3) and making them difficult to treat.

Vipadika is one among the *Kshudra Kushta*. It is also one among the *vatajananatmaja vikara* which is commonly prevalent, which in chronicity gives maximum pain to the sufferer. The classical signs and symptoms of *Vipadika* have difference of opinion between Acharyas. Hence the Acharya Charaka's opinion has been taken up and the treatment adopted by the same. The signs and symptoms of *Vipadika* as mentioned by Acharya Charaka are *pani-padasphutana* and *teevra vedana* by which in the present society it hinders personal and social status of a person by its severity, discomfort and pain. It also gives mental agony as a cosmetic problem.

Aims and Objectives

Aim

Compare efficacy of *Jeevantiyadi yamak Lepa* and *Vipadikahar Lepa* in the management of *vipadika*.

Objective

- To have a vivid review of the disease '*Vipadika*' in Ayurveda and an effort will be made to understand *Vipadika* according to modern science.
- To evaluate the effect of *Jeevantiyadiyamaka Lepa* externally in the management of *Vipadika*.
- To evaluate the effect of *Vipadikahar Lepa* externally in the management of *Vipadika*.
- To compare the effect of these two groups.

* Corresponding Author:

Bhushan Raghuwanshi

Assistant Professor,
Department of Kayachikitsa,
DRGACHRC,
Amravati, Maharashtra, India
Email Id: bhushanraghuwanshi8@gmail.com

Materials and Methods

The formulations named as *Jeevantiyadiyamaka Lepa* mentioned in chapter of *kushta chikitsa of charaka samhita* (4) and *Vipadikahar Lepa* from chapter of *kushta roga chikitsa of Bhaishajya Ratnavali* (5) has been elected for this present study as external application. Ingredients of *Jeevantiyadiyamaka Lepa* are *Jeevanti, Manjishta, Darvi, Kampillakam, Tutham, Ghritham, Tailam, Sajarasam, Madhuchishta* and *Vipadikahar Lepa* are *Sarjrasam, Saindhav lavan, Guda, Madhu, Guggulu, Gairik, Ghrita, Madhuchishta* has been referred as *Vipadikahara*. These combinations have been selected with the research hypothesis to revalidate its efficacy in the management of *Vipadika*.

Study Design

It was a randomized comparative clinical study.

Criteria for selection of patients

1) Diagnostic criteria

Patient who presented with the following signs and symptoms of *Vipadika Kushta* which are told in classics were selected for study i.e.

- *Sphutana* (Cracks)
- *Vedana* (Pain)
- *Kandu* (Itching)
- *Daha* (Burning Sensation)

2) Inclusion criteria

- Subjects diagnosed as *Vipadika* based on classical *lakshanas* like *Sphutanam, Vedana, Mridu Kandu, Ragam*.
- Subjects of either sex with the age group between 20 - 60 years.

3) Exclusion criteria

- Subjects with age group below 20 years and above 60 yrs.
- Associated with other forms of skin diseases.

Investigations

Complete blood count and Random blood sugar were carried out to exclude other systemic before study.

Table No 1: Treatment Schedule

	Group A	Group B
Sample size	15	15
Drug	<i>Jeevantiyadiyamaka lepa</i> externally daily twice At morning and evening	<i>Vipadikahar lepa</i> externally daily twice At morning and evening
Dose	Q.S	Q.S
Duration	30 days	30 days
Follow up	15 days	15 days

All the patients of group A & group B were provided with a container of "*Jeevantiyadiyamaka lepa*" & "*Vipadikahar lepa*" respectively of 50gms for 15 days and later again 50gms for next 15 days, for total of

30 days. During the treatment, the patients were asked to wash their hand and foot with the lukewarm water and Pat it dry. Then the *Jeevantiyadiyamaka Lepa* was asked to apply on the affect area i.e., on hand and foot in sufficient quantity in morning and evening. After applying they were asked not to do any work or walk, as dust particles may adhere to the surface of skin and it may increase the infection. Patients were asked to maintain hygiene and asked to wear gloves and socks. The duration of the treatment was fixed for 30 days. Every 15th day patients were asked to come for follow up.

Assessment of Therapy

The general conditions of the Subjects were thoroughly assessed through the classical *lakshanas* of *vipadika* and objective criteria such as length and depth of cracks. The detailed history, examination findings and subjective assessment were noted verbally and objective assessment were measured with the help of measuring scale and pin on 0 day (before trial, BT), 15th day (during trial, DT), 30th day (after trial, AT) and the changes in observations were documented in a specially designed case Performa.

Total Assessment of the Therapy was done on the basis of relief, before starting the treatment and after completion of treatment in terms of percentage relief and statistical evaluations.

Table no 2: Assessment of overall effect of therapy

	Percentage of overall effect of therapy
Complete Remission	75-100%
Marked Improvement	50-75%
Moderate Improvement	25-50%
Mild Improvement	0-25%

Grading for variables:

1) Subjective:

- **Vedana**
 - 0 - No Vedana
 - 1 - After pressing
 - 2 - Only by touching
 - 3 - Without touching
- **Kandu**
 - 0 - No itching
 - 1 - 1 to 2 times in day
 - 2 - Frequently itching
 - 3 - Which disturbs the sleep and others
- **Ragam (Redness)**
 - Present / Absent

2) Objective:

- **Table no 3 - Sphutan (Cracks):**

Grade	Length	Depth
Mild	≤ 1 cm	≤ 2 mm
Moderate	1 to 2 cm	2 to 5 mm
Severe	≥ 2 cm	≥ 5 mm

Observations and results

Table no 4 - Comparison of Length of *Sphutan* in group A and group B

	Group	N	Mean	Effect of therapy	Std. Deviation	Std. Error Mean	t-value	p-value
0 th day	Group A	15	1.87	22.99%	0.41	0.10	2.34	0.026,S
	Group B	15	2.24		0.43	0.11		
15 th day	Group A	15	1.69	35.71%	0.36	0.09	1.13	0.26,NS
	Group B	15	1.86		0.41	0.10		
30 th day	Group A	15	1.44	35.71%	0.33	0.08	0.05	0.95,NS
	Group B	15	1.44		0.41	0.10		

*S- Significant & NS- Non significant

Table no 5 - Comparison of depth of *Sphutan* in group A and group B

	Group	N	Mean	Effect of therapy	Std. Deviation	Std. Error Mean	t-value	p-value
0 th day	Group A	15	1.87	22.99%	0.41	0.10	2.34	0.026,S
	Group B	15	2.24		0.43	0.11		
15 th day	Group A	15	1.69	35.71%	0.36	0.09	1.13	0.26,NS
	Group B	15	1.86		0.41	0.10		
30 th day	Group A	15	1.44	35.71%	0.33	0.08	0.05	0.95,NS
	Group B	15	1.44		0.41	0.10		

*S- Significant & NS- Non significant

Table no 6 - Comparison of *Vedana* in group A and group B

	Group	N	Mean	Effect of therapy	Std. Deviation	Std. Error Mean	t-value	p-value
0 th day	Group A	15	1.80	66.66%	0.67	0.17	0.77	0.44,NS
	Group B	15	1.60		0.73	0.19		
15 th day	Group A	15	1.13	71.25%	0.63	0.16	0.88	0.38,NS
	Group B	15	0.93		0.59	0.15		
30 th day	Group A	15	0.60	71.25%	0.50	0.13	0.63	0.53,NS
	Group B	15	0.46		0.63	0.16		

*NS- Non significant

Table no 7: Comparison of *Kandu* in group A and group B

	Group	N	Mean	Effect of therapy	Std. Deviation	Std. Error Mean	t-value	p-value
0 th day	Group A	15	1.80	66.66%	0.67	0.17	0.77	0.44,NS
	Group B	15	1.60		0.73	0.19		
15 th day	Group A	15	1.13	71.25%	0.63	0.16	0.88	0.38,NS
	Group B	15	0.93		0.59	0.15		
30 th day	Group A	15	0.60	71.25%	0.50	0.13	0.63	0.53,NS
	Group B	15	0.46		0.63	0.16		

*NS- Non significant

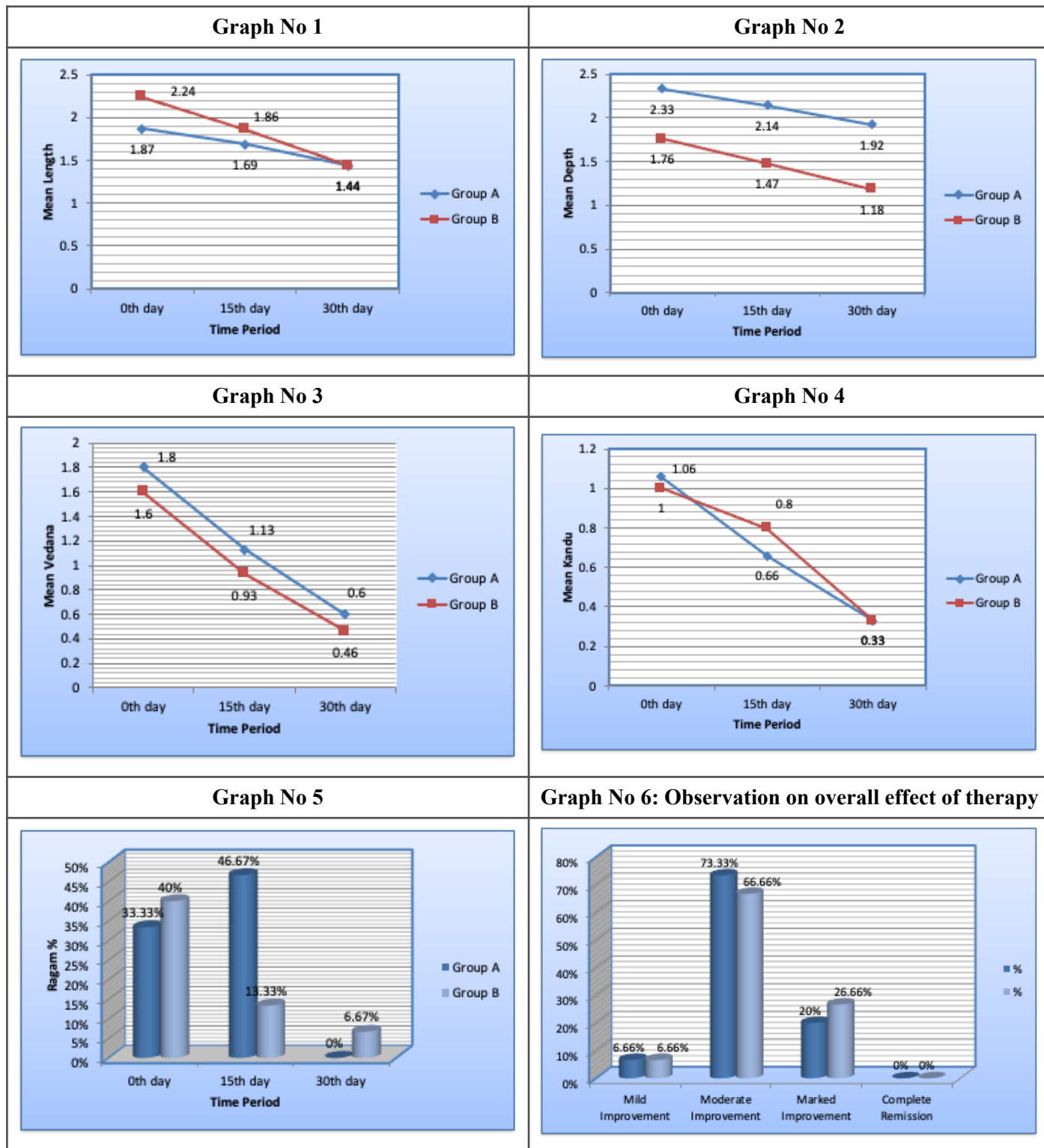
Table no 8 - Comparison of *Ragam* in group A and group B

		Present	Absent	2N-value	p-value
Group A	0 th day	5(33.33%)	10(66.67%)	-	-
	15 th day	7(46.67%)	8(53.33%)	0.55	0.45,NS
	30 th day	0(0%)	15(100%)	6.00	0.014,S
Group B	0 th day	6(40%)	9(60%)	-	-
	15 th day	2(13.33%)	13(86.67%)	2.72	0.09,NS
	30 th day	1(6.67%)	14(93.33%)	4.65	0.030,S

*S- Significant & NS- Non significant

Table no 9 – Overall Effect of Therapy

	Percentage of overall effect of therapy	No of Patients			
		Group A	%	Group B	%
Mild Improvement	0-25%	1	6.66%	1	6.66%
Moderate Improvement	25-50%	11	73.33%	10	66.66%
Marked Improvement	50-75%	3	20%	4	26.66%
Complete Remission	75-100%	0	0%	0	0%



Discussion

Vipadika is one such disease which affects the pani or pada or pani-pada with the lakshanas like Sphutana and teevra vedana. The pani and pada are

parts of body, which involve in all the routine activities of an individual right from the beginning till the end of the day.

The Sphutana gives ugly appearance to pani and pada & thus becomes cosmetically important to be

treated. Another symptom i.e. *teevra vedana* is an unpleasant sensation, but it is usually useful to man because it makes the sufferer to be conscious of the presence of the injury. That is why the sufferer seeks the removal of pain by appropriate measures. Thus *Vipadika* has been selected for the clinical study by above reasons and also due to common prevalence in the area of clinical study. Here in this present study, external application in both groups was selected for this comparative clinical Study. Hypothetically the *Jeevanthyadi yamaka lepa* and *Vipadikahar lepa* were selected looking at the actions of the ingredients in treating *Kushta* specially *Vipadika*.

In Ayurvedic Classics, the specific *Nidana* for *Vipadika* is not mentioned. So the aetiology of *Kushta* is considered as the aetiology of *Vipadika*. The *Nidana parivarjana* is the first line of treatment. Hence, the *Nidana* should be elaborately understood.

Based on the symptoms of *Vipadika*, it can be co-relate to Palma-plantar psoriasis, Palma-plantar keratoderma, Palma-plantar dermatophytosis conditions, and Hand and feet eczema according to modern science but exact correlation is difficult.

Kushta is a *tridoshaja* vyadhi in which by *sanubandha*, there will be provocation of *tridoshas* and four *dushyas* compulsorily. So the *shodhana* is given importance but the manifestation of the *Kushta* is in skin. So the *bahirparimarjan* is also given prime importance.

Probable action of drug

Jeevanthyadiyamakam Lepa

On Rukshata: The *snigdha* guna of *Jeevanti*, *Go-ghrita*, *Tila taila* and *madhucchista* might have helped to control *vata* and for the prevention of *rukshata* and *khara sparsha* in *Vipadika*. This type of lubrication helps for moistening and softening of skin.

On Kandu

Kandu might have subsided by

- i. *Kandughna* property of *Tuttha* and *Daruharidra*.
- ii. *Krimighna* property of *Manjista*, *Kampillaka*, *Tuttha* and *Sarjarasa*.
- iii. *Vishaghna* property of *Sarjarasa*.
- iv. *Kaphaghna* property of *Manjista*, *Daruharidra*, *Kampillaka*, *Sarjarasa*.
- v. *Kapha lekha* property of *Tuttha*.
- vi. *Kapha nissaraka* property of *Jeevanti moola*.

On Sphutana

Sphutana of *pani* and *pada* might have reduced and cured by,

- i. *Vrana shodhana* and *Vrana ropana* properties of *Daruharidra*, *Kampillaka*, *Tilataila*, *Sarjarasa* and *Manjista*.
- ii. *Rasayana* property of *Go dugdha*.
- iii. *Snigdha* guna of *Jeevantimoola*, *Godugdha*, *Goghrita*, *Tilataila* and *Madhucchista*.

On Vedana

Vedana might have subsided by the *vedana sthapaka* action of *Kampillaka*, *Tilataila* and *Sarjarasa*.

On Srava and raga

- i. The *sthambaka* action of *sheeta veerya* of *Sarjarasa*.
- ii. *Kashaya rasa* and *sandhaneeya* property of *Tilataila*.
- iii. *Sheeta veerya* of *Jala*, *Godugdha*, *Go-grita* and *Jeevantimoola*.

On Daha

Daha might have subsided by the *pitta shamaka* properties of *Manjista*, *Jeevantimoola*, *Daruharidra*, *Go-dugdha* and *Go-ghrita*.

Other than this, *Rakta* is one of the *dushyas*. The *raktavaha sroto dusti* produces *Kushta*. Hence *rakta* need to be cleansed. This might have been done by the *raktashodhaka* properties of *Manjista*, *Jeevantimoola*, *Daruharidra*, *Kampillaka* and *Madhucchista*.

In total, the *kustagna* property of certain drugs like *Manjista*, *Kampillaka*, *Tuttha* and *Madhucchista* formulated along with *snehadravyas* might have given multiple benefits in curing *Vipadika*.

Above all, the *twachya* property of the *Taila* might have helped to subside symptoms and help to maintain the normalcy of *twacha* in *pani* and *pada*.

Vipadikahar Lepa

On Rukshata

The *snigdha* guna of *Guggulu*, *Madhu*, *Goghrita*, *Tila taila* and *Madhucchista* might have helped to control *vata* and for the prevention of *rukshata* and *khara sparsha* in *Vipadika*. This type of lubrication helps for moistening and softening of skin.

On Kandu

Kandu might have subsided by *Krimighna*, *Vishaghna*, *Kaphaghna* property of *Sarjarasa*.

On Sphutana

Sphutana of *pani* and *pada* might have reduced and cured by,

- i. *Vrana shodhana* and *Vranaropana* properties of *Guggulu*, *Madhu*, *Guda*, *Tila taila*, *Ghrita* and *Sarjarasa*.
- ii. *Rasayana* property of *Go-ghrita*.
- iii. *Snigdha* guna of *Guggulu*, *Madhu*, *Goghrita*, *Tilataila* and *Madhucchista*.

On Vedana

Vedana might have subsided by the *vedanasthapaka* action of *Guggulu*, *Madhu*, *Tila taila* and *Sarjarasa*.

On Srava and ragam

- i. The *sthambaka* action of *sheeta veerya* of *Sarjarasa*, *Gairik*, *Saindhava lavana*.
- ii. *Kashaya rasa* and *sandhaneeya* property of *Tila taila*.
- iii. *Sheeta veerya* of *Jala*, *Go-grita* and *Madhu*.

On Daha

Daha might have subsided by the *pitta shamaka* properties of *Go-ghrita*, *Madhu*, *Gairika*.

Other than this, *Rakta* is one of the *dushyas*. The *raktavahasrotodusti* produces *Kushta*. Hence *rakta* need to be cleansed. This might have been done by the *rakta shodhaka properties of Madhucchista, Madhu, Gairika*.

In total, the *kustaghna* property of certain drugs like *Madhucchista, sarjarasam* formulated along with *sneha dravyas* might have given multiple benefits in curing *Vipadika*.

Above all, the *twachya* property of the *Taila* might have helped to subside symptoms and help to maintain the normalcy of *twacha in pani and pada*.

Effect of therapies on length of *Sphutana*

On comparing the effects of therapy, there is a statistically highly significant difference between these groups ($p<0.001$). On comparing the mean Group B (35.71%) is more effective than Group A (22.99%). (Table No.- 4)

Effect of therapies on depth of *Sphutana*

On comparing the effects of therapy, there is a statistically highly significant difference between these groups ($p<0.001$). On comparing the mean Group B (34.65%) is more effective than Group A (17.59%). (Table No.- 5)

Effect of therapies on *Vedana*

On comparing the effects of therapy, there is a statistically highly significant difference between these groups ($p<0.001$). On comparing the mean Group B (71.25%) is more effective than Group A (66.66%). (Table No.- 6)

Effect of therapies on *Kandu*

On comparing the effects of therapy, there is a statistically highly significant difference between these groups ($p<0.001$). On comparing the mean Group A (68.86%) is more effective than Group B (67%). (Table No.- 7)

Effect of therapies on *Ragam*

On comparing the effects of therapy, there is a statistically highly significant difference between these groups ($p<0.001$). On comparing the mean Group A (100%) is more effective than Group B (83.33%). (Table No.- 8)

Conclusion

Manifestation of *Vipadika* is irrespective of age, sex and *prakruti*, but predominantly seen in *madhyama vaya*, females and *vata kapha prakriti* persons respectively. *Kala, desha, vihara* plays an important role in manifestation of *vipadika*. Among *tridosha*, *vata* plays an important role in the manifestation of *Vipadika*. *Jeevantyadiyamaka lepa* alone (Group A) is effective in the management of *vipadika* with highly significant result from good to encouraging results. *Vipadikahar lepa* (Group B) is very effective in the management of *vipadika* with highly significant results from encouraging to excellent result. Group B therapy is more effective than Group A therapy.

References

1. Nicki R. Colladge, et.al.; Davidson's Principles and practice of Medicine; 22 edition; Elsevier Health - UK; 1237p.
2. Williams M M, Sanskrit English dictionary; Motilal Banarsidas Publisher Pvt. Ltd; 287p.
3. Anantram Sharma; Sushruta Samhita of Maharshi Sushruta; 'Sushrutavimarshini' Hindi Commentary – Acharya Priyavat Sharma; Vol I; Sutra Sthana; 33/4-5; 2005; Varanasi; Chaukhamba Surbharati Prakashan; 259p
4. Charak Samhita of Agnivesh – Acharya Vidyadhar Shukla & Prof. Ravi Datt Tripathi; Vol 2; Kushta chikitsa; Chikitsa Sthana; Delhi; Chukhamba Sanskrit Pratisthan; 267p
5. Kanjiv Lochan – Bhaishajyaratnavali of Shri Govind Dasaji; Commented upon by Shri Kaviraj Ambikadatta Shashtri; Vol II; 54/39; Varanasi; Chaukhambha Sanskrit Bhawan; 888p.
