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

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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 Chitrakadi 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, 25 gm of Avipathy choornam was given for Anulomana. The study group was given Punarnavádi káṣaya (48ml) internally twice daily half an hour before food and Chitrakádi lepa mixed with Gritha and Tilá 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 Dumnets multiple comparison test (post-hoc). The result obtained was highly significant in relieving the cardinal symptoms of Vipādika especially pain.

KEYWORDS: Vipadika, Psoriasis, Chitrakadi 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, conduct 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, Chitrakadi lepa and Punarnavadi kashaya were used in this study. The study drug Chitrakadi lepa is a preparation mentioned for Vipadika in the context Kushtaswthra 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 Vipādika 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
a. Children, pregnant woman and lactating mothers.
b. Patients who are under steroid therapy.
c. 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        | Punarnavadi |
| Dosage form | Kashaya   |
| 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        | Chitrakadi lepa |
| Dosage form | Choornam |
| Mode of use | Lepana at the site of lesion with ghee and Tila taila |
| Duration between dose | 6 hours |
| Time        | 10 am and 4 pm |
| Duration    | 30 days (60 doses) |

Strict following of Pathyakrama was advised.

Available online at: [http://ijapr.in](http://ijapr.in)
**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**
- *Punarnnavadi 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 lepam* 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**

| 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    |

| Mean | SD   | Fr. Value | p Value |
|------|------|-----------|---------|
| BT   | 2.4  | 0.7368    |         |
| DT   | 0.93 | 0.59      |         |
| AT   | 0.13 | 0.35      |         |
| AF   | 0.33 | 0.6172    |         |

| 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 |

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.
### 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.

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

| No. of cracks/cm² | BT | DT | AT | AF |
|-------------------|----|----|----|----|
| N %               | N %| N %| N %| N %|
| 0                 | 0  | 0  | 10 | 8  |
| <3                | 0  | 2  | 4  | 4  |
| 3 – 7             | 2  | 13 | 13 | 3  |
| >7                | 13 | 87 | 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.
Table 7: Assessment of effect of intervention on nature of crack

| Nature of crack                  | BT N | BT % | DT N | DT % | AT N | AT % | AF N | AF % |
|---------------------------------|------|------|------|------|------|------|------|------|
| 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 N | BT % | DT N | DT % | AT N | AT % | AF N | AF % |
|----------------|------|------|------|------|------|------|------|------|
| 0              | 0    | 0    | 0    | 0    | 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, Kaphavritch vaisha (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, Erandam, Gritam and Tila tailam.

Chitraka was considered to be a Visha drug and owing to its Vishaguna, it is useful in many therapeutic 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 (20.28.5%) and Theekshna (28.5%). All the drugs in this yoga are Ushnavyeerya (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 Kushthagha karma, along with Kundughna and Vranagha. 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 Ushnavyeerya 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 Srotas 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 srotas and Swedavahi srotas present in skin.

e. Snigdhaguna 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, Erandam, 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 aggravate 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 Gritha is Vishahara and Deepena. 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 Snigdhata 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- Keshtahara, Kanudugha, 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 discoulouration 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 dhatu after stimulating the Spatha 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 Dhatu. For the manifestation of Twakvikaras, involvement of Rekthadhatus 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 Kushthagha 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 Nanatma vyadhis of Kapha dosha. From the Nidanas, the Brajakagni Mandhya occur leading to Ama. This Amatwa causes Rasavahasrotodushhti (Twak is one of the structural forms of Rasadhatus), 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 Punarnnavadi yoga, the Kapha vilayana occurs, thereby the Srotorodha is cleared, Sweda pravrthiti is enhanced. This results in Kundughna 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 Soolaprasamaana.

In general, on analyzing the salient features of Vipadika, the Tridosha samanatwa of Punarnnavadi 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, Twakdoshaharatwa and Rasayana. Punarnavadi kashaya as a supportive medicine, gave appreciable result in correcting the Agni, Dhatus there by creates a well-balanced immune system.

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