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लाभानां श्रेय आरोग्यम्

Of all the gifts, the most precious is health



Vaidyaratnam P.S. Varier's Arya Vaidya Sala, Kottakkal, Kerala



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Efficacy of Sarjarasādi lepa in vipādika - A clinical study

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ABSTRACT: Vipādika, a dry skin disease characterized by severe itching and intense pain in feet or palms, is considered as one of the kṣudrakuṣṭha in āyurveda. A research was conducted to find out the efficacy of a herbal cream in the management of vipādika. 30 patients randomly selected from the dermatology clinic, OP unit of Gampaha Wickramarachchi Ayurvedic teaching Hospital, Sri Lanka, were equally divided into two groups. Both the groups were given some selected āyurvedic preparations internally. In addition, group 'A' was prescribed Sarjarasādi lepa (known as Dummalādi lepa in Sri Lanka) for external application. The results showed significant decline in severity of pain, fissuring, itching and eruptions after three weeks in group 'A'. Comparative analysis before and after three weeks in group 'A', showed 'p' values less than 0.05. The study revealed that the trial drug is an effective herbal cream in vipādika.

Key words: Vipādika, Sarjarasādi lepa

In ayurvedic classics the word kustha represents the disorders related to skin. According to the concept of tridoșa, unhygienic and irregular dietary habits affect the normalcy of vāta, pitta and kapha. This in turn affects the skin and cause kustha or skin disorders.

Āyurveda has mentioned about 18 types of kuṣṭha under two category viz. mahākuṣṭha and kşudrakuştha. Vipādika is one among the kṣudrakuṣṭha, which is characterized by severe itching, intense pain and dryness of skin forming cracks in palms and soles.

According to the modern perspective, vipādika is an inflammatory skin disease that comes under the category of dermatitis. There are several types of dermatitis; and vipādika can be included under atopic dermatitis, meaning dermatitis due to atopic condition. In the morphological classification, it can be included in eczematous skin diseases or eczema. Atopic dermatitis has integrated under the L.20 in the XIIth chapter of International Classification of Diseases.

Western medical treatments do not provide satisfactory healing, which has made the patients

to move on to ayurveda. In this context, a study was conducted to evaluate the efficacy of Sarjarasādi lepa in vipādika.

Aims and objectives:- To find the efficacy of Sarjarasādi lepa in vipādika as a safe, effective and curative external mode of therapy without any side effects and affordable to the common man.

Materials and methods

Selection of patients:- 30 diagnosed cases of vipādika were randomly selected from the dermatology clinic, OP unit of Gampaha Wickramarachchi Ayurvedic Teaching Hospital, Sri Lanka. The patients were equally divided into two groups - A and B.

Inclusion criteria:- i) Patients with symptoms of vipādika; ii) under the age-group 15-65; iii) both sexes.

Exclusion criteria:- i) Patients with other skin diseases on feet and chronic diseases like diabetes mellitus; ii) age below 15 and above 65; iii) who are under western medical treatments.

Intervention: - The patients in group 'A' were given selected ayurvedic medicines internally and administered the cream (Sarjarasādi lepa) externally. Group 'B' was prescribed internal āyurvedic medicines only.

Drug preparation

The trial drug was prepared according to the procedure mentioned in the Bhaisaiyaratnāvali:

सर्जरससिन्धुसंभवगुडमधुमहिषाक्षगैरिकंसघृतम्। सिक्थकमेतत्पकंपादस्फुटनापहंसिद्धम्।।

(भै.र., कुष्ठचिकित्सा, ५४/४०)

The ingredients of the formulation are shown below (Table 1).

Procedure: - The first five ingredients, crushed

TABLE 1		
Ingredients of the trial drug		
Name of drug	Quantity	
1. Sarjarasa (resin of Shorea robusta)	50 gm	
Saindava lavaņa (rock salt)	250 gm	
3. Guḍa (jaggery)	250 gm	
4. Guggulu (Commiphora mukul)	250 gm	
5. Gairika (red ochre)	250 gm	
6. Madhu (honey)	250 ml	
7. Ghṛta (ghee)	250 ml	
8. Bee wax	250 gm	

separately and made into a fine powder form, were mixed together and Bee honey was added. After proper mixing, it was cooked added with a mixture of Ghee and Bee wax. After completion of the process, it was packed in 50g tubes and stored.

Treatment plan

Both the groups were given the following āyurvedic medicines internally for a period of 21 days:

- Paţolakaţukakaṣāya (120 ml) twice a day (6.00 am /6.00 pm) before meals.
- Kaiśoraguggulu (250 mg) twice a day (10.00 am /4.00 pm).
- Sukumāracūrņa (5 g) 9.00 pm with warm water.

In addition to the above, group 'A' was prescribed to apply Sarjarasādi lepa, twice a day, on the affected area after cleaning and drenching the foot.

Follow up was done after 21 days. Patients were strictly advised to follow the pathyāpathyas (regime of food and habits) and to avoid other treatments.

Assessment

Data were collected by interviewing and examining

the patients before and after the treatments. Assessment was done by observing the signs and symptoms recorded in the case proforma on the following parameters: i) pain, ii) fissuring, iii) itching and iv) eruptions.

The data were classified by giving scores according to their severity i.e. Nil - 00; Mild - 01; moderate - 02; moderately severe - 03; Severe - 04. The data were analyzed by using Minitab, SPSS 16 and Ms excel 2007 packages.

Results and discussion

Demographic data:- According to the research, it was observed that vipādika is mostly affected in patients between 26 and 35 years of age and females are more affected than males. Regarding prakṛti, it is seen that vāta-pitta prakṛti patients are mostly affected. Individuals with mixed dietary habits found more prone to the disease. Distribution of patients according to age, sex, prakṛti, etc. are shown in Table 2.

Pain:- In group 'A', no patient was reported with severe or moderately severe pain at the end of the follow up period. 20% of patients reported moderate pain; and 26.66% mild pain (Fig. I). In group 'B', no patient reported with moderate and mild pain before the treatment. At the end of the

TABLE 2		
Demographic data (n=30)		
Description	% of patients	
1. Age group (year)		
- 15-25	20	
- 26-35	56.66	
- 36-45	10	
- 46-55	6.66	
- 56-65	6.66	
2. Sex		
- Male	80	
- Female	20	
3. Prakrti		
- Vata-pitta	63.33	
- Vata-kapha	13.33	
- Kapha-pitta	23.33	
4. Dietary habits		
- Vegetarian	23	
- Mixed	77	

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follow up period, 50% of patients reported severe pain; 25% moderately severe and moderate pain (Fig. II).

Fissuring:- In group 'A', 13.33% of patients reported moderate fissuring; 33.33% mild fissuring and 53.33% no fissuring at the end of the follow up period (Fig. III). In group 'B', no mild fissuring reported before the treatment. At the end of the follow up period, 12.5% reported severe fissuring; 37.5% moderately severe fissuring; 25% moderate and mild fissuring (Fig. IV).

Itching:- At the end of the follow-up period, 26.66% of patients reported with moderate itching, 40% mild itching and 40% without itching in group 'A' (Fig. V). There were no patients with severe itching in group 'B' at the end of the follow up period. 62.5% reported moderately severe itching and 37.5% moderate itching (Fig. VI).

Eruptions:- In group 'A', 26.66% of patients

reported moderate eruptions, 33.33% mild eruptions and 40% no eruptions after the treatment (Fig. VII); whereas in Group 'B', 37.5% reported moderately severe eruptions, 50% moderate eruptions and 12.5% mild eruptions (Fig. VIII).

The above results corroborate the efficacy of Sarjarasādi lepa along with the selected āyurvedic medicines in the treatment of vipādika.

According to the data analysis by using SPSS 16 and MINITAB packages, a gradual variation of the frequency of symptoms in vipādika was observed.

Pain:- In group 'A', the 'P' value showed 0.145, 0.000 and 0.000 after 7 days, 14 days and 21 days respectively. Although group 'B' showed success in relation to pain after 7 days, as the P value was higher than 0.05 at the end of the follow up period, it is revealed that using selected ayurvedic medicines alone is not successful.

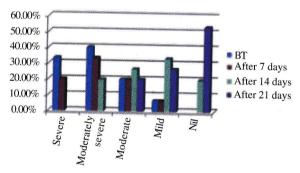


Fig. I. Variation of pain - Group 'A' (Selecte āyurveda medicines and lepa)

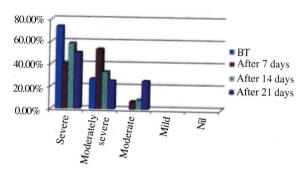


Fig. II. Variation of pain - Group 'B' (Selected āyurveda medicines only)

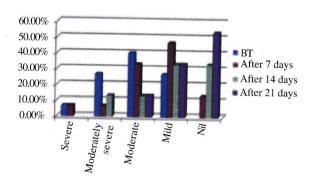


Fig. III. Variation of fissuring - Group 'A' (Selected āyurveda medicines and lepa)

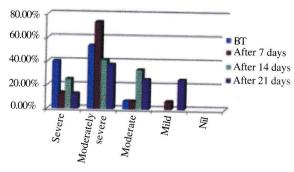


Fig. IV. Variation of fissuring - Group 'B' (Selected āyurveda medicines only)

Fissuring:- The 'p' value was lower than 0.05 in group 'A' at the end of second and third week. Whereas group 'B' showed success of decrease in fissuring at the end of the third week.

Itching:- Group 'A' showed 'p' value as 0.001, 0.000 and 0.000 after 7 days, 14 days and 21 days respectively. So it is realized that trial drug is effective in decreasing the itching as the 'p' value was lower than 0.05 at the end of the follow up period. Selected āyurvedic medicines had not contributed to get rid of itching as the 'p' value was higher than 0.05.

Eruptions:- A success of decrease in eruptions was shown in Group A at the end of the first, second and third weeks as the 'P' value showed less than 0.05; whereas in Group B the 'P' value was higher than 0.05.

It was noted that dietary habits and sātmya have a

significant role in relieving of the symptoms. According to āyurveda, vipādika is caused by vitiation of vāta and kapha. The skin exhibits intense pain, severe itching and eruptions. The ingredients of Sarjarasādi lepa have vedanāsthāpana, kuṣṭhaghna, kaṇḍūghna, vraṇaśodhana, raktaśodhaka and vraṇaropana properties. These qualities help to overcome the above mentioned symptoms.

Conclusion

It is concluded that Sarjarasādi lepa is effective in alleviating all the symptoms in vipādika. The formulation found to be more effective as an external mode of therapy to reduce the symptoms of vipādika.

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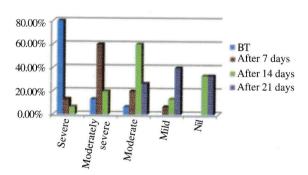


Fig. V. Variation of itching - Group 'A' (Selected āyurveda medicines and lepa)

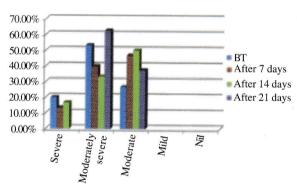


Fig. VI. Variation of itching - Group 'B' (Selected āyurveda medicines only)

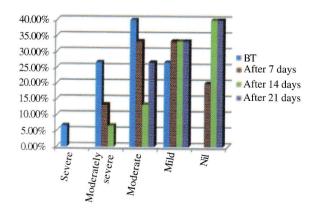


Fig. VII. Variation of eruptions - Group 'A' (Selected āyurveda medicines and lepa)

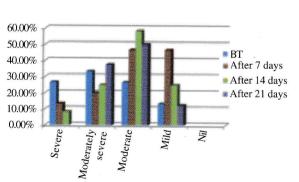


Fig. VIII. Variation of eruptions - Group 'B' (Selected āyurveda medicines only)

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The human body works by an incredibly complex array of biological interactions that are delicately balanced and closely linked. Similar to a healthy and functional society, the human body is dependent on each biological system

to work properly and cooperate. Interaction among systems must work in a synchronized manner for normal operation of the whole system. A disease occurs when one or more of these biological systems are damaged or not fully functional. The symptoms of scleroderma are the manifestation of the disruption of specific biological pathways that are unique to this diseased. The mystery of the complex disease process causing scleroderma is rapidly being unravelled.