A COMPARATIVE STUDY OF PATOLKATUROHINYADI KASHAYAM AND PARIPATHADI KWATH IN GARAVISHAJANYA TWAKDUSHTI

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ABSTRACT

Viruddhahar is a causative factor of Raktadushti and Kushtha. Kushtha has also been mentioned as one of the Lakshan of Raktapradoshaj Vyadhi. Hence, Viruddhahar leads to Raktadushti which manifests as Kushtha. Healthy skin is the reflection of normal physiological and metabolic activities. Viruddhahar is a crucial hetu for any alteration in these activities in turn often presenting with symptoms of Twakdushti viz. Kandu, Rukshata, Pidaka, Srava, Ruja etc. and vitiating Twakasthit Bhrajak Pitta. Pitta and Rakta have an Ashray-ashrayi sambandh and hence vitiation of Pitta leads to Rakta dushti, ultimately resulting in Twakdushti Lakshan. In accordance with Vagbhatacharya’s quotation, this Viruddhahar can be termed as 'Garavisha' and the condition as 'Garavishajanya Twakdushti.' A Comparative study was designed to assess the efficacy of Patolkatuhinyadi Kashayam and Paripathadi Kwath in Garavishajanya Twakdushti. 20 patients were studied, 10 each in group A and B respectively. The trial drug was given in a dose of 20 ml with Koshna Jala for 3 months with simultaneous application of Eladi Tailam. Statistical analysis using Wilcoxon Signed Rank and Mann-Whitney U test was done and significant results were seen in both the groups. Better efficacy of Patolkatuhinyadi Kashayam was noted in Kandu and Srava whereas Paripathadi Kwath showed better efficacy in alleviation of symptoms of Pidaka, Shyavata and Malavashtambh.

KEY-WORDS: Garavisha, Kushtha, Rakta-dushti, Twakdushti, Viruddhahar
INTRODUCTION

In the present era, everyone is partaking Viruddhahar directly or indirectly, in one way or the other. In accordance with Vagbhatacharyas quotation, this Viruddhahar can be termed as “Garavisha.”[1]

Poor standards of hygiene, wrong and unhealthy eating habits, malnutrition are important factors accounting for the occurrence of skin diseases. Ayurved advocates a specific dietary guideline to maintain the health of an individual and has its own concept of proper diet and dietary habits.[2]

In Ayurved, skin diseases are explained under the common terminologies ”Kushtha” and ‘kshudra Kushtha’ and the diagnosis is based on the involvement, variability and dominance of the Doshas. Apart from understanding the Awastha of Doshas in Samprapti of a disease, it is very essential to trace out the causative factors which might have hampered the metabolic and physiological functioning of the body.

Both Charakacharya and Vagbhatacharya have laid emphasis on the roles of Agni and Viruddhahar in the Samprapti of various diseases Kushtha[3] being one of them. Viruddhahar is a causative factor of Raktadushti and Kushtha.[4] Kushtha has also been mentioned as one of the lakshan of Raktapradoshaj Vyadhis.[5] Hence, Viruddhahar creates Rakta dushti which manifests as Kushtha Viruddhahar is Sannikrishta Hetu for symptoms of Twak Dushti viz Kandu, Srava, Shyavta, Ruja etc and one of the etiological factors in genesis and aggravation of Kushtha.[3] “Twak” is also the Sthana of Bhrajak Pitta[6] which too is vitiated thereby showing signs of Twakdushti. Besides, Pitta and Rakta have an Ashray-Ashrayi Sambandh[7] and hence vitiation of Pitta obviously leads to Raktadushti. The Rasa –Rakta are responsible for the healthy skin and their vitiation due to the above Samprapti ultimately results in Twak-Dushti Lakshan Healthy skin is the reflection of normal physiological and metabolic activities. Hence, in Viruddhahar/ Garavishajanya Twakdushti besides Nidan Parivarjan it is essential to eliminate (Shodhan) and pacify (Shaman) the systemic Doshadushti arising thereof. Similarly, Sthanik Chikitsa is equally important taking into consideration skin as one of the Bheshaj Avacharan Marga.

Yakrit being the Moolasthana of Raktavaha Srotas[8] also plays an important role to keep up equilibrium of digestion and when disturbed leads to manifestation of Kushtha and in turn Twakdushti.
A survey was conducted to gauge the variety and severity of symptoms observed in relation to Viruddhaharjanya Twak Dushti. It was noted that symptoms like Kandu, Rukshata, Pidaka, Srava, Ruja were common and their severity ranged from mere rashes to pustule formation and skin rashes/lesions.

In Garavisha Chikitsa, Shodhan followed by Shaman[9] is indicated. Thus in order to render holistic treatment regime internal and external medications is essential in this context. In this study Patolkaturohinyadi Kashayam and Paripathadi Kwath are selected for internal administration in trial groups A and B respectively along with Eladi oil for external application in both the groups.

Patolkaturohinyadi Kashayam[10], a formulation from Ashtanghridayam is indicated in Kushtha, Visha and Kamala and shows Yakritgamitva i.e. an affinity towards the Moolasthana of Raktavaha Srotas. Its ingredients are Tikta Rasa Pradhan and predominantly Ushna Veeryatmak which render them useful in Pitta and Kapha Dushti and in turn in Twak Dushti. Most importantly, Hetu in the present study is Garavisha and this Kashayam can benefit from both Shodhan and Shaman point of view.

Paripathadi Kwath[11], on the other hand belongs to Vridh Vaidya Parampara and is used in Panchabhatuki Chikitsa Due to its Kashaya, Tikta and Madhur Rasatmak properties it helps relieve the Pitta Dushti from Rasa and Rakta Dhatu and helps in clearing the inflammatory toxins from the site of Bhrajak Pitta. Also for Kshardharm Amladharm is an antidote. By their combination Madhur Rasa generates which pacifies liver to keep Samyata of Pachan Kriya. It clears Pitta by acting on Yakrit: Moolasthana of Raktavaha Srotas. [8] Yakrit secretes Pachan Rasa in normal way which leads to Deepan and Jatharagni is properly restored thereby helping Ras-Raktadi Dhatus to nourish properly and further helps in Rakta Shuddhi which leads to Mootravriddi and Purishajanana. These actions combine to reduce Lalima, Kandu and Shotha.

Yakrit being the Moolasthana of Raktavaha Srota[8] also plays an important role to keep up equilibrium of digestion and when disturbed leads to manifestation of Kushtha and in turn Twakdushti.

Another formulation Eladi Tailam[12] is indicated for external application in Vatakaphahara conditions. It also has Vishaghna and Kushthagna properties and is indicated in Twak Vikara like Kandu, Kotha, Pitika and Varna Prasadana.[12]
Skin disease account for 10-20% of all consultations in general practice. Most common skin complaints are Dermatitis, Eczema, Acne, Urticaria etc. Awareness among people regarding food and food habits is observed to be quite less which might be responsible for skin diseases.[13] Besides, no work has been done on Garavishajanya Twakdushti, hence, chosen as the topic of research work.

AIM AND OBJECTIVES

AIM

To compare the efficacy of Patolakaturohinyadi Kashayam and Paripathadi Kwath in Garavishajanya Twakdushti

OBJECTIVES

- Adjudge the better drug as a cure for Garavishajanya Twakdushti by clinical assessment.
- Record untoward effect, if any, during the study.

HYPOTHESIS

H 0: Either of the two or Both, Patolakaturohinyadi Kashayam and Paripathadi Kwath are effective in alleviation of symptoms of Garavishajanya Twakdushti with local application of Eladi Tailam in all cases.

H 1: Patolakaturohinyadi Kashayam is more effective in alleviation of symptoms of Garavishajanya Twakdushti in comparison with Paripathadi Kwath with local application of Eladi Tailam in all cases.

H 2: Paripathadi Kwath is more effective in alleviation of symptoms of Garavishajanya Twakdushti in comparison with Patolakaturohinyadi Kashayam with local application of Eladi Tailam in all cases.

MATERIALS AND METHOD

MATERIALS

There were three trial drugs used in this study namely

- Patolakaturohinyadi Kashayam[9,1]
- Paripathadi Kwath[9,2]
- Eladi Tailam[9,3]

Patolakaturohinyadi Kashayam and Eladi Tailam were purchased from Arya Vaidya Sala Kottakal, Kerala whereas Paripathadi Kwath was purchased from Sandu Pharmacy, Pune.
They all were manufactured as per standard textual procedures. They were standardized and authenticated by the respective company’s as per the GMP standards.

**METHOD**

- Following permission of the Institutional Ethics Committee a Comparative, Clinical Randomized Study, was conducted at Bharati Vidyapeeth Medical Foundation’s Ayurved Hospital And Research Centre, Katraj, Dhankawadi, Pune 411043.

- To assess the consumption of *Viruddhahar*, a questionnaire was designed and Total 20 Patients, 10 each in Group A and Group B, showing symptoms of *Twakdushti* as stated in the subjective parameters of assessment, irrespective of gender were enrolled randomly by lottery method.

- Special proforma of the case paper was designed.

- Patients diagnosed with *Garavishajanya Twak Dushti* were selected for the study.

- Informed consent of the patient was taken prior to the commencement of the clinical trial.

- A total of 212 patients were screened of which 187 fulfilled the eligibility criteria as per the questionnaire. 56 patients were eligible as per the inclusion criteria. Of these 33 patients were included in the study. There were 23 patients who were unwilling to participate and 13 were drop outs.

- The selected patients were divided into two groups by lottery method.

- The patients of both the groups were advised *Eladi Tailam* daily for local application.

- They were advised to follow *Pathyakar Ahar Vihar* to ensure *Nidan Parivarjan*.

- The patients of group A were administered *Patolkaturohinyadi Kashayam* and group B *Paripathadi Kwath* daily as per the prescribed dosage schedule.

- Pre and post trial laboratory investigations were conducted in accordance with the objective parameters.

**INCLUSION CRITERIA**

Patients of either sex, between the age group of 18-45 years who were diagnosed with *Garavishajanya Twakdushti*, according to the signs and symptoms as per the given criteria of assessment were included in the study.
EXCLUSION CRITERIA
Patients with severe infective disease or with skin diseases as an Upadrava of another disease, Leucoderma, Psoriasis, Herpes, Measles and patients of Burns were excluded from the study.

CRITERIA FOR ASSESSMENT
The Gradation was done as per the CTCAE Guidelines of 2009

<p>| Table 1: Subjective Parameters Gradation |</p>
<table>
<thead>
<tr>
<th>Sr.No</th>
<th>Symptom</th>
<th>Gradation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kandu</td>
<td>0 - No Kandu</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1- Very mild or occassional</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2- Kandu off and on during 24 hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3- Continuous Kandu without disturbing sleep</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4- Continuous Kandu with disturbance in sleep</td>
</tr>
<tr>
<td>2</td>
<td>Pidaka</td>
<td>0- No Pidaka</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1- No Pidaka only discolouration after it</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2- Pidaka is less than 5 sq cms (whole affected area)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3- Pidaka is between 5-10sq cms in whole affected area</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4- Many or uncountable Pidaka in whole affected area</td>
</tr>
<tr>
<td>3</td>
<td>Srava</td>
<td>0 – No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1- Very mild Srava after itching</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2- Moderate Srava with itching</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3- Moderate Srava without soiling the clothes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4- Profuse Srava making the clothes wet</td>
</tr>
<tr>
<td>4</td>
<td>Ruja</td>
<td>0 - No pain</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1- Not interfering with functions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2- Interfering with functions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3- Severely interfering with ADL (Activities of daily living)</td>
</tr>
<tr>
<td>5</td>
<td>Daha</td>
<td>0-No burning sensation even after rubbing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1- Mild type of burning sensation, sometime and not disturbing normal activity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2- Always mild type of burning sensation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3- Severe burning sensation disturbing normal activity</td>
</tr>
<tr>
<td>6</td>
<td>Vaivarnya</td>
<td>0-Severe burning sensation disturbing normal activity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1- Brownish red discolouration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2- Blackish red discolouration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3- Blackish discolouration</td>
</tr>
<tr>
<td>7</td>
<td>Malavashtambh</td>
<td>0-No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1- 1-2 days /wk; Prakrit mala nissaran</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2-4-5 days /wk; Kathin mala pravritti</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3- Nitya malavashtambh, kathin mala pravritti requiring medication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4- Nitya malavashtambh kathin malapravritti, no effects of medicine, pain</td>
</tr>
</tbody>
</table>
DOSAGE SCHEDULE

TRIAL DRUG ADMINISTRATION (PANARTH)

The Trial drug i.e. Patolkaturohinyadi Kashayam and Paripathadi Kwath was given at Pratah and Sandhya Kaal in a dose of 20 ml with Koshna Jala for a period of 3 months.

Eladi Tailam as a local application in the affected areas was gently rubbed in at Nisha Kala in Yathavashyak Matra. Fortnightly follow-ups were taken.

The above parameters had been included as subjective assessment on the basis of the survey conducted in the clinics of practitioners in the vicinity.

Objective parameters

There may have been a possibility of Twakdushti to be associated with inflammatory condition of haemopoietic system, hence E.S.R. here was taken as an objective parameter.

RESULTS AND DISCUSSION

1] GENERAL OBSERVATIONS

- No specific type of occupation was found to be predominant in the study. However, maximum numbers of 4 students were included in the Group B of the study.
- Though Ayurved promotes the consumption of Madhur Rasatmak Dravyas in the beginning of the meal, all the patients consumed the same at the end, thus delaying and altering Samanya Pachan Kriya.
- Considering Kaal, from the daily and seasonal point of view, untimely meals and Ritu Viparit bhojan were seen as the provoking factors.
- 90% of the sample size consumed Paka Viruddha type of Ahar eg: overcooked and reheated food, ready to eat food, over riped fruits and
- Maximum number of patients i.e. 60% were taking Madhura Rasa followed by Lavana and Amla
- Taking into consideration the Guna of the Viruddhahar consumed maximum no of patients i.e. 55% of the patients were found to consume Snigdha and Guru Ahar
- 45% of the sample size suffered from Alpa Nidra while 25% had Khandit Nidra
- A total of 40% of the sample size showed Malavashtambh

Parameters of Assessment

a) Subjective Parameters

The efficacy of Patolkaturohinyadi Kashayam and Paripathadi Kwath with local application of Eladi Tailam was studied on the symptoms of Kandu, Shyavata, Srava, Ruja, Rukshata, Aruchi, Agnimandya, Daha, and Malavashtambh using the data obtained with fortnightly follow-ups in both groups A and B up to a period of 3 months. Hence, for analysis of efficacy of trial drugs, Non parametric tests were applied namely Wilcoxon Signed Rank Test and Mann Whitney -U test.

- In the Lakshan of Kandu, a maximum of Grade 4 was noted in both the Groups on Day 0. This was reduced to Grade 0 on Day 75 and Day 90 in group A and B respectively.

- Using Wilcoxon Signed Rank Test, P-Value was seen to be less than 0.05, indicating that effect of Patolkaturohinyadi Kashayam and Paripathadi Kwath is significant in Kandu.

- Comparison between groups with Mann Whitney U test implies better results in Patolkaturohinyadi Kashayam.
- *Patolkaturohinyadi Kashayam* showed better efficiency in alleviation of *Srava*, in comparison to *Paripathadi Kwath*.

- Applying Wilcoxon Signed Rank Test, P-Value was noted to be less than 0.05, showing significant effect of both *Patolkaturohinyadi Kashayam* and *Paripathadi Kwath* in *Srava*.

- Comparison between groups with Mann Whitney U test implies better results in *Patolkaturohinyadi Kashayam*.

- In case of *Pidaka*, maximum patients of Grade 3 on Day 0, in both the groups were alleviated to a lesser Grade 0 or 1 by Day 90 in *Patolkaturohinyadi Kashayam* reduced to Grade 0 in most of the patients by Day 90.

- Wilcoxon Signed Rank Test was applied and P-Value was less than 0.05, indicating that effect of *Patolkaturohinyadi Kashayam* and *Paripathadi Kwath* is significant in *Pidaka*.

- Comparison between groups with Mann Whitney U test implies better results in *Paripathadi Kwath*. 
The symptom of *Shyavata* showed maximum severity of Grade 2 in both the Groups on Day 0. It was reduced to Grade 0 or 1 on Day 90 in both the Groups though earlier in Group B i.e Day 75.

Applying Wilcoxon Signed Rank Test, P-Value was noted to be less than 0.05, implying that effect of *Patolkaturohinyadi Kashayam* and *Paripathadi Kwath* is significant in *Shyavata*.

In this case, *Patolkaturohinyadi Kashayam* showed slower effect on reducing *Shyavata* as compared to *Paripathadi Kwath*.

Grade 3 *Malavashtamh* was noted, on Day 0; though only in Group B i.e. *Paripathadi Kwath*, which alleviated to Grade 2 by Day 15 and to Grade 0 by Day 75.

Since P-Value calculated using Wilcoxon Signed Rank Test is greater than 0.05, it can be stated that effect of *PatolkaturohinyadiKashayam* is not significant but *Paripathadi Kwath* is significant in *Malavashtambh*.
Pre and Post values of E.S.R. did not show significant deviation from normal. On this basis, it can be inferred that no infective foci was present.

Comparison of E.S.R. for both groups was done using Unpaired t–test. Since P-Value was greater than 0.05 it can be said that there is no significant difference between both the groups in E.S.R.

The Statistical significance indicating the efficacy of the trial drugs has been displayed below. Here blue colour indicates significant results and pink colour indicates non significant results.

### Table 2: Outcome of the Study

<table>
<thead>
<tr>
<th>S.No</th>
<th>Symptoms</th>
<th>Patolakakaturohinyadi Kashayam</th>
<th>Paripathadi Kwath</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>KANDU</td>
<td>Better</td>
<td>Significant</td>
</tr>
<tr>
<td>2</td>
<td>Pidaka</td>
<td>Better</td>
<td>Non Significant</td>
</tr>
<tr>
<td>3</td>
<td>Shyavata</td>
<td>Better</td>
<td>Equal</td>
</tr>
<tr>
<td>4</td>
<td>Srava</td>
<td>Better</td>
<td>Equal</td>
</tr>
<tr>
<td>5</td>
<td>Ruja</td>
<td>Equal</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Rukshata</td>
<td>Equal</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Agni</td>
<td>Equal</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Aruchi</td>
<td>Equal</td>
<td>Better</td>
</tr>
<tr>
<td>9</td>
<td>Vaivarnya</td>
<td>Equal</td>
<td>Better</td>
</tr>
<tr>
<td>10</td>
<td>Daha</td>
<td>Equal</td>
<td>Better</td>
</tr>
<tr>
<td>11</td>
<td>Malavashtambhh</td>
<td>Equal</td>
<td>Better</td>
</tr>
</tbody>
</table>

### DISCUSSION

The better results in **Kandu and Srava** by **Patolakaturohinyadi Kashayam** can be attributed to the Tikta Rasatmak, Rakta shodhan and Madhyam shodhan properties of the formulation which pacifies the tridoshas esp Pitta and Kapha as well as Rakta.
• The better results in the symptom of **Pidaka , Shyavata** and **Malavashtambh** may be due to **Tikta Rasatmak Paachan** and primarily **Vata Shaamak** properties of **Paripathadi Kwath**.

- The **Anya Lakshan** observed during the study were **Malavashtambh, Vaivarnya** and **Daha** of which the last two showed non significant results in spite of better efficacy in **Paripathadi Kwath**.

- P-Value for all symptoms is greater than 0.05 hence it can be inferred that there is no significant difference between effect of **Patolkatuohinyadi Kashayam** and **Paripathadi Kwath** i.e. both are equally significant.

- Pre and Post values of E.S.R. did not show significant deviation from normal. On this basis, it can be inferred that no infective foci was present.

**CONCLUSION**

Statistical significance and efficacy in **Kandu, Pidaka, Shyavata, Srava, Ruja** and **Agni** was seen in both the Groups. Of these, better efficacy of **Patolkatuohinyadi Kashayam** was noted in **Kandu** and **Srava** whereas **Paripathadi Kwath** showed better efficacy in alleviation of symptoms of **Pidaka, Shyavata** and **Malavashtambh**

**REFERENCES**


