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Efficacy Of *Ghrita Yavakshara Lepa* & *Sarjadi Lepa* Followed by *Siravyadha* In The Management Of *Padadari* – A Clinico Comparative Study

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ABSTRACT: Rhagades/cracked heels are common foot problem that are often referred to as heel fissures. Padadari is now days considered as one of the major cosmetic health problem affecting both sex. *Acharya Sushruta* has explained *Padadari* briefly under *kshudra roga*. 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. The present study objectives are to evaluate the efficacy of *Siravedhana* followed by *Gritha Yavakshara lepa* and *Sarjadi Lepa* in the management of *padadari*. In this trial, total 60 cases were studied into two groups as 'A' and 'B' each group consisting of 30 patients, Group A patients was advised *Siravedhana* followed by application of *Grithayavakshara lepa* and Group B patients was advised *Siravedhana* followed by application of *Sarjadi lepa*. After the study it is revealed that overall response in both the groups are comparatively same.

Keywords: *Padadari*, Heel Fissures, *Siravedhana*, *Ghrita Yavakshara lepa*, *Sarjadi lepa*.

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INTRODUCTION:

Skin disorders are not often dramatic, but cause considerable discomfort and much disability. The disability caused is physical, emotional and socioeconomic, and patients are much helped by an appreciation of this and attempt by their physician to relieve the various problems that arise ¹.

Padadari is one such skin disease of the feet affecting mainly sole area but can involve whole foot also. *Padadari*² is now days considered as one of the major cosmetic health problem affecting both sex. *Acharya Sushruta* has explained *Padadari* briefly under *kshudra rogas*³ Foot is an important part in the human body. It is on this part only that whole weight of the body is carried. And in this weight bearing and during various movements

the sole area of the foot plays a very vital role. To make it suitable for this work nature has modified the skin of the sole a little bit. It is much thicker and tougher than rest of the body skin. Due to this the rehydration and repair of the sole skin is little bit compromised. And if dryness becomes more the skin cracks giving rise to fissures^{4,5}, a condition called as *Padadari* in Ayurveda.

In Allopathic system we do not readily get much description about this disease. It is usually compared to Rhagades⁶ or fissures⁷ in foot, but in Ayurveda we do get reference for this disease. The earliest history of the term '*Padadari*' is available in *Sushruta Samhita*^{8,9,10}, a work of 2,500 B.C.

Prevalence of *padadari* is very common

in India, especially in the areas where people walk bare foot. Hence considering its prevalence among Indian population especially lower socio-economic group an attempt has been made towards comparing the efficacy of *ghrita yavakshara lepa* & *sarjadi lepa* followed by *siravedhana* in its management.

OBJECTIVES OF STUDY:

1. To study in detail about *Padadari* according to *Ayurvedic classics* and contemporary science.
2. To evaluate the efficacy of *Ghrityavakshara Lepa* followed by *siravyadha* in the management of *Padadari*.
3. To evaluate the efficacy of *Sarjadi Lepa* followed by *siravyadha* in the management of *Padadari*.
4. To compare the efficacy of *Ghrityavakshara lepa* & *Sarjadi lepa* followed by *siravyadha* in the management of *Padadari*.

MATERIALS & METHODS:

Inclusion criteria:

1. *Padadari* Patients of either sex between the age 18 years to 60 years will be selected

2. Patient presenting with *Rukshata, Ruja, Sputana*.
3. Patient fit for *Siravyadha karma*.
4. Diabetic patients with controlled blood sugar.

Exclusion criteria:

1. Patient below 18 yrs and above 60 yrs of age.
2. *Siravyadha Ayogya*.
3. Patient with any systemic diseases like Purpura etc.
4. Pregnant and lactating women.
5. HIV & HBsAg patients

Materials Required for the Study:

1. For Preparing *Ghrityavakshara Lepa*¹¹ : *Yavakshara, Go Ghritya*.
Preparation: *Yavakshara and Go ghritya* are taken in equal quantity and mixed thoroughly to form a paste.
2. For Preparing *Sarjadi Lepa*¹²:
Sarjarasa finely powdered, rock salt finely powdered, Honey, *Ghritha, Sarshapa taila* as ingredients and *khalva yantra*, vessels etc.
Preparation: *Sarjaniryasa* and *saindhava lavana* are taken and mixed with honey and ghee and are put in mustard oil and mixed well for one

hour.

3. Materials for Siravyadha^{13,14,15}: Disposable Sterile needle of 18 No gauze, Tourniquet, Sterile gloves- No 6.5", Sterile Cotton, Sterile Swab, Cotton Pads, Surgical Spirit, Sterile bandage cloth, Measuring jar, Vessels

Study Design: In this Present study, 60 Subjects diagnosed as Padadari were selected incidentally and randomly categorized into two groups consisting of minimum 30 patients in each group.

Study Design & Mode of Administration:

GROUP ‘A’

Sample size : 30 patients
Procedure : *Siravyadha* one seating followed by *Ghrita yavakshara lepa* daily once for 30 days

GROUP ‘B’

Sample size : 30 patients
Procedure : *Siravyadha* one seating followed by *sarjadi lepa* application daily once for 30 days.

Assessment of Clinical Trial:

1. The assessment of clinical study is done by the severity of symptomatology.
2. The clinical assessment is done – before treatment and after treatment by grading them as mild, moderate and severe.

Grading:

- | | |
|-----------------|-----|
| 1. G-0-Nil | - |
| 2. G-1-Mild | + |
| 3. G-2-Moderate | ++ |
| 4. G-3-Severe | +++ |

Based on above criteria, grading the response was assessed:

1. Good response – All signs and symptoms are relived.
2. Moderate Response – Any 25 to 50% signs and symptoms are presenting & rest are relived.
3. Mild Response – Any 75% signs and symptoms are presenting and remaining other symptoms are relived.
4. No Response – Presence of all signs and symptoms.

CLINICAL OBSERVATIONS:

Total number of patients, taken for the observational study are 60. A special

attention has been paid to the 60 patients in consideration to notice the incidence of Sex: Age: Religion: socio economic status: occupation: food habits: Laxanas: and response in relation to observational study.

The patients are classified in to two groups. Group – A and Group – B having 30/30 patients in each group.

Group ‘A’ - *Siravyadha followed by Ghrita yavakshara lepa application.*

Group ‘B’ – *Siravyadha followed by sarjadi lepa application.*

TABLES:

1. Showing distribution of Age of patient in Group A and Group B.

Ages	Group A		Group B	
	No	%	No	%
21-30	6	20	6	20
31-40	10	33.3	12	40
41-50	11	36.7	9	30
51-60	3	10	3	10
Total	30	100	30	100

2. Showing distribution of Gender of patient in Group A and Group B.

Gender	Group A		Group B	
	No.	%	No.	%
Male	20	66.7	18	60
Female	10	33.3	12	40
Total	30	100	30	100

3. Showing Distribution of Religion of patient in Group A and Group B

Religion	Group A		Group B	
	No	%	No	%
Hindu	28	93.3	29	96.7
Muslim	02	6.7	01	3.3
Total	30	100	30	100

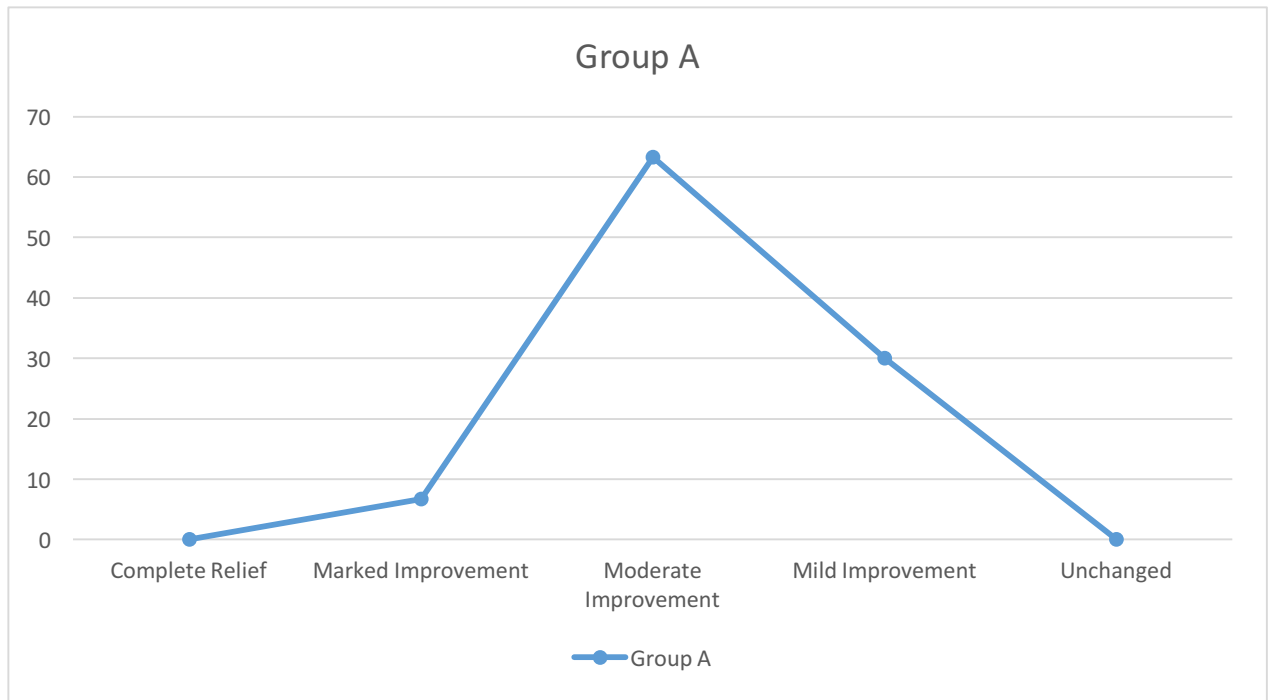
4. Showing Distribution of diet of patient in Group A and Group B.

Diet	Group A		Group B	
	No	%	No	%
Vegetarian	9	30	10	33.3
Mixed	21	70	20	66.7
Total	30	100	30	100

Mode of Response in 60 patients after 30 days treatment.

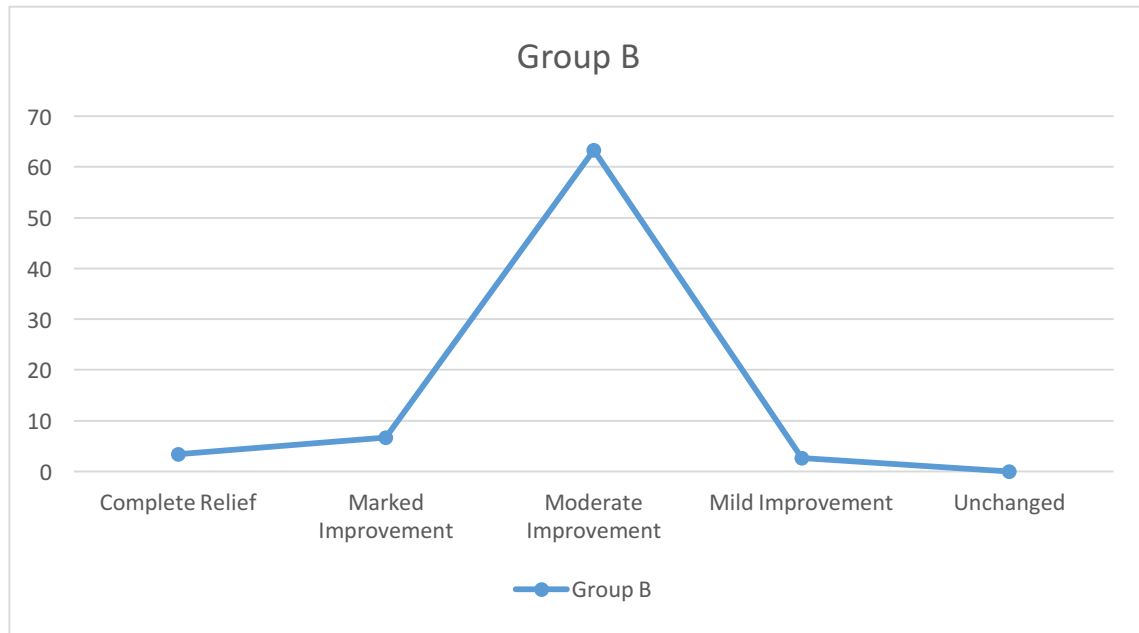
1. Group – A – 30 Patients

Results	Group A	
	No. of Pts.	Percentage (%)
Complete Relief	2	6.67
Marked Improvement	3	10
Moderate Improvement	16	53.33
Mild Improvement	9	30
Unchanged	0	0



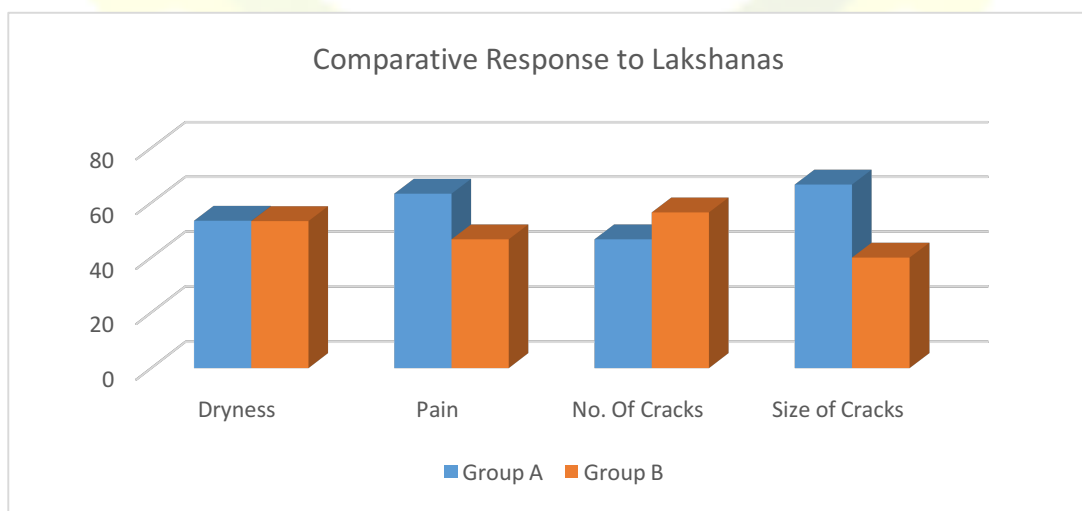
2. Group-B-30 Patients

Results	Group B	
	No. of Pts.	Percentage (%)
Complete Relief	1	3.33
Marked Improvement	2	6.67
Moderate Improvement	19	63.33
Mild Improvement	8	2.67
Unchanged	0	0



3. Response to *Lakshanas* in 60 patients of *Padadari*.

Symptoms	% of Reduction in Group A	% of Reduction in Group B
Dryness	53.45	53.33
Pain	63.33	46.67
No. of Cracks	46.67	56.5
Size of Cracks	66.67	40



RESULTS:

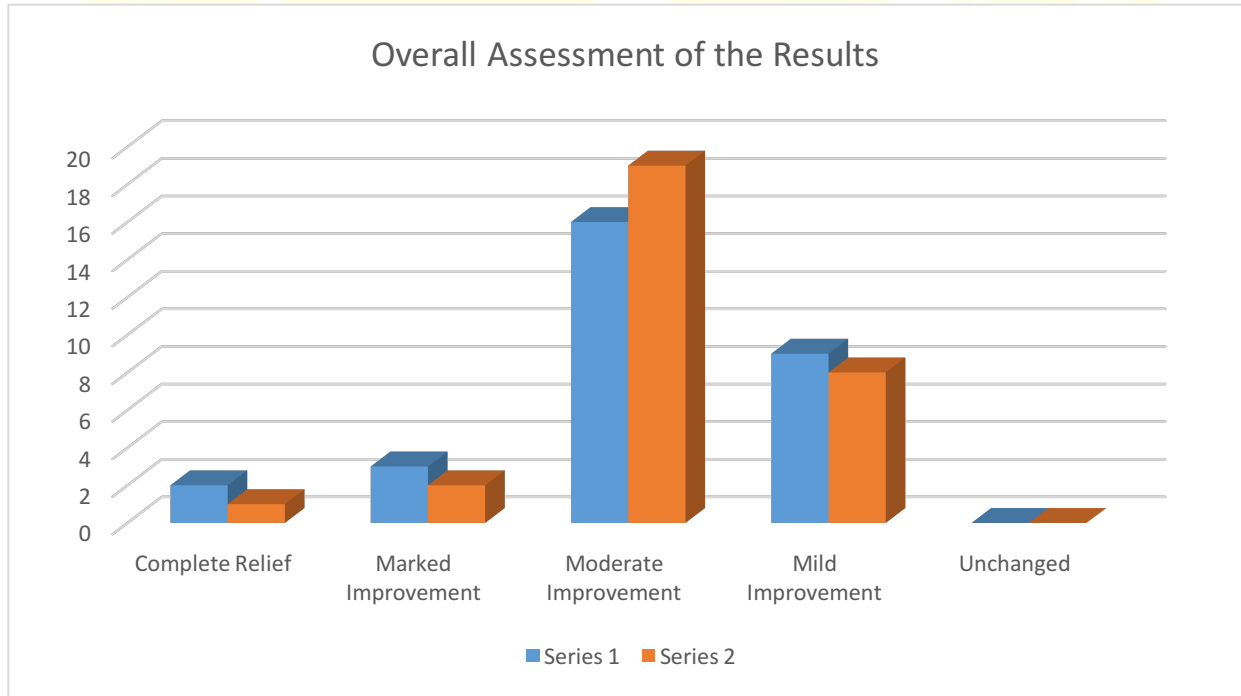
Analytical Findings Observed

1. Dryness: It is evident from the foregoing that the effect of Group B was almost equal to Group A in reducing dryness.
2. Pain: It is evident from the foregoing that provided Group A is faster and better relief in pain in comparison to Group B.
3. No. of Cracks: It is evident from the foregoing that the effect of Group B in reducing the No. of cracks was better in comparison to Group A.
4. Size of Cracks: It is said that the effect of Group A in reducing the size of

cracks was bit better in comparison to Group B.

Overall Effect:

The present study reveals that in Group A, 6.67% had complete relief 10% had Marked improvement and 53.33% had Moderate improvement, 30% had Mild improvement. In Group B, 3.33% had Complete relief 6.67% had Marked improvement and 63.33% had Moderate improvement, 2.67% had Mild improvement.



CONCLUSION:

The present clinical study was taken with an intention of comparing which would be more effective, whether *Siravedhana* followed by application of *ghritayavakshara lepa* or *Siravedhana* followed by application of *Sarjadi Lepa* in *Padadari*. It was noticed that in the present study *Padadari* was more prevalent in the age group between 41-50 years. *Padadari* was more prevalent in those who had frequent exposure to mud or soil, those who were not using footwear, exposure to cold weather, detergents etc. When comparison was carried out between two groups, both the groups were found equally significant with their assessment criteria like pain, size and no. of cracks. However, in some criteria's like *Rukshatain* group B is significant statistically but there was good clinical outcome in some criteria like *Vedana*, No. of cracks & Size of cracks in group A. *Siravedhana* is one of the radical

treatment especially concerned with *dushtarakta nirharan*. The *dusta rakta* which is *shaakhashrita* are expelled readily by *Siravedhana* as it is the nearest route. The active constituents in *lepa* provided effective reduction of *Padadari*. There was no topical and systemic adverse effects noted at the end of the study in both the groups. Both the therapies were easy to perform and were acceptable by the patients. The combined effect of both *lepa* and *siravyadha* definitely has the potential effect to treat *Padadari* faster. Overall response in both the groups are comparatively same

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