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Management of *Vatkaphatmak Kushtha* by *Tuvaraka Taila* and its *Malhar Kalpana*

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Abstract:

The concept of *Kushtha* in *Ayurveda* has broad spectrum of dermatological manifestation presenting the underlying deep and chronic etiopathology. *Acharya Charaka* has defined the depth and width of the pathology behind "*Kushtha*".

Vatakaphatmak Kushtha can be taken as independent disease in which there is dominance of *Vata* and *Kapha Doshas* as *Acharya Charaka* has mentioned that it is not possible to give name to all diseases.

Sadhyasadhyatva Vatakaphatmak kushtha as mentioned in *Sadhya Kushtha* has been choosen for this study as it has symptoms of Dominant *Dosha* in *Kushtha* (*Vataj* and *Kaphaja*).

The efficacy of application *Tuvaraka Taila* internally through oral ingestion and *Tuvaraka Malhara* using external application has been carried in this study through a set of open lab clinical trials of patients showing prominent symptoms of *Vataj* or *Kaphaj* or both *Vat-kaphaj Kushtha* described as per classical texts and fulfilling inclusion criteria across various ages between 15 to 60 and genders male and female. It was observed that the application of *Tuvaraka Taila* and *Tuvaraka Malhara* improves the *Kandu, Rukshata, Parushya, Khara, Utesdha, Gaurav, Kleda*, Colour of Lesion and Size of Lesion when observed over a period of 4 weeks.

Keywords: *Tuvaraka Taila, Tuvaraka Malhara, Vatakaphatmak Kushtha*

Introduction

The knowledge regarding medicinal values of plants has been mentioned in various *Ancients* books/*Samhitas*. Because of abundance in no. of plants/*herbs*, some of them are neglected or not been used in day to day practice. There are huge no. of herbs are mentioned in the management of *Kushtha*, as *Kushtha* is a disease with broad

spectrum. *Acharayas* have mentioned *Kushtha* as a "*Mahavyadhi*"[1].

Tuvaraka which is mentioned as *Kushthaghna dravya* which was very famous drug in various pharmacopoeias suddenly disappeared from practice. So, to bring back this potent plant again in practice, this study was selected.

The disease *Kushtha* in *Ayurveda* is classified as *Maha* and *Kshudra Kushtha. Kushtha* is divided into various types according to its occurrence site, severity of symptoms or symptoms with dominance of *Doshas* or *Sadhya-asadhyatva*. Based on this, *Sadhyasadhyatva Vatakaphatmak kushtha* which is only *Sadhya Kushtha*[2] mentioned n *Samhita* has been chosen for the study which are having symptoms of Dominant *Dosha* in *Kushtha* (*Vataj* and *Kaphaja*), that's why the subject has been chosen as *Vatakaphatamak Kushtha*.

Vatakaphatmak Kushtha can be taken as independent disease in which there is dominance of *Vata* and *Kapha Doshas* as *Charaka* has mentioned that is not possible to give name to all diseases.[3] While analyzing all *Kushtha*, among all 6 types are found to be *Vata Kaphatmak Kushtha* (*Charma*, *Sidhmma*, *Ekkushtha*, *Kitibha*, *Vipadika* and *Alasaka*)[4].

Here the *Tuvaraka Taila* will be converted in to ointment i.e. (*Malhara*) for the convenience of the patient. *Madhuchishtha* (bee wax) will be used as a base for preparation of *Tuvaraka Malhara*. *Acharya Charaka* has described *Lepana* as *sadhya siddhi Kara chikista* which means it is very fast acting[5].

Aims and Objectives

To evaluate the efficacy of *Tuvaraka Taila* internally and *Tuvaraka Malhara* externally in the management of *Vatkaphatmak Kushtha* through an open-label clinical trial.

Materials and Methods

Study Design

The study was conducted as an open label prospective interventional single arm study at institutional out patient's department. The study protocol was approved by the institutional Ethical Committee. The study was conducted according to good clinical practices and registered in the clinical Trail Registry, India vide CTRI Reg. No. CTRI/REF/2019/06/026464 (DE). The written informed consent was obtained from each of the patients prior to enrolment.

Study Participants:

Total 33 patients of *Vatkaphatmak Kushtha* were taken from institutional OPD which having signs and symptoms of *Vataj* or *Kaphaj* or both *Vat-kaphaj Kushtha* as described in classical texts and fulfilling inclusion criteria were registered irrespective of cast, religion, occupation and sex. A detailed clinical research

proforma was filled incorporating all the points of history taking, physical examination, and assessment of the treatment.

Inclusion Criteria

1. Patients showing classical signs and symptoms of *Vataj Kushtha* like *Roukshya* (Dryness), *Toda* (Piercing pain), *Shool* (pain), *Sankochanam* (Contraction), *Aayama* (Extention), *Parushya* (Hardness), *Harsha* (Horripilation), *Shyava Arunatva* (Blackish), *Khara* (Roughness) [6]. *Kaphaj Kushtha* like *Shaitya* (Coldness), *Kandu* (Itching), *Utsedh* (Rising), *Gaurav* (Heaviness), *Kleda* (Moisture) and both symptoms together [7].

2. Gender- Male and Female

3. Age group- 18 to 60

Exclusion criteria:

1. Any known case of systemic diseases
2. Pregnant woman
3. Lactating mothers
4. *Pittaj Kushtha* showing classical sign and symptoms like - *Daha* (Burning), *Raga* (Redness), *Visragandha* (Fleshy smell), *Paka* (Suppuration), *Strava* (Exudation) [8].
5. Patients on steroid or any other therapy. They were included with observing wash out period of minimum 15 days.

Withdrawal criteria :

1. Patient willing to leave from study will be allowed and will be replaced.
2. If patients show aggravation in symptoms

Method of Preparation of Test Drugs

1. Drug

***a) Tuvaraka Taila* :**

It was procured from local market and later authenticated from certified laboratory.

It was given for internal uses along with *Madhu Anupan* for 30 days.

- **Packaging:** 40 ml of *Tuvaraka Taila* given in air tight bottles. (Fig. 1)

Fig 1: Tuvaraka Taila

***b) Tuvaraka Taila Malhara* :**

It was prepared in affiliated pharmacy

***Malhara* Preparation**

सिक्थकं तिलतैलं च युक्तमानविमिश्रितम् ।

विपक्वं नवनीताभं सिक्थतैलं प्रकिर्तितम् ॥ रसतरंगिणी ६ वा तरंग

Ingredients:

1. *Tuvaraka Taila*
2. Bees wax

Apparatus: Gas stove, stainless steel vessel, stirrer, spoon, weighing machine.

Procedure:

- 1000 ml of *Tuvaraka Taila* and 250 gm. of Bees wax (Ratio of *Tuvaraka Taila* and Bees wax was 4:1) were taken. Bees wax was taken in a stainless-steel utensil and was melted on *Manda Agni* (low flame) the melting point of Bees wax was found 60˚c.
- 1000 ml of *Tuvaraka Taila* was added to Melted Bees wax and then it was mixed and triturated with stirrer for 10 min.
- The Homogenous *Malhara* was allowed to cool down for approx. 1 hour.
- And then cooled homogenous *Malhara* stored in an Air tight container. (Fig 2)

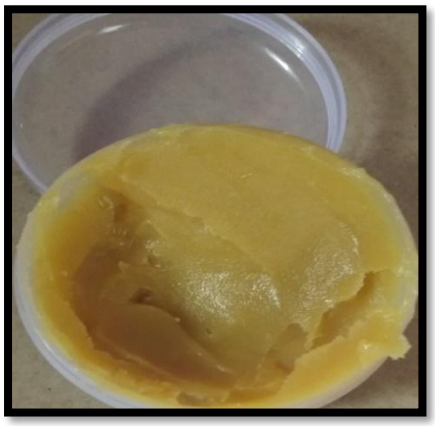


Fig 2 : Tuvaraka Taila malahara

Study Procedure

Evaluation for the eligibility of this study was performed and recorded in the specially designed case report form (CRF). On the enrolment day (1st day), the demographic profile, medical history and systemic examination, Ayurvedic parameters and OBJECTIVE CRITERIA like Size of the lesion, Colour of the lesion, Photographic record and *Ruja* (pain) is observed by visual vas scale were recorded. Subsequent visits were planed at the interval of 1 week (7th day, 14th day, 21st day and 28th day). Patients were assessed and given study medication at each subsequent visit till the 28th day.

Criteria for Assessment

The pre-treatment and post treatment assessment of *Vatkaphatmak Kushtha* was performed. Grading of the sign and symptoms of *Vatkaphatmak Kushtha* is depicted in Table 1, 2 and 3.

CRITERIA OF ASSESSMENT: (Table no 1)

Following subjective (Scoring pattern) and objective criteria was adopted for the study to observe the relief in sign and symptoms, of the disease.

***Table 1: KANDU* (ITCHING)**

Kandu	**Grade**
No *Kandu*(cured)	0
Mild or occasional *Kandu*	1
Kandu off and on	2
Continuous *Kandu*	3

***Table 2: RUKSHATA* (DRYNESS)**

Rukshata	**Grade**
Normal skin (cured)	0
Loss in normal unctuousness of skin	1
Slightly dry skin	2
Excessive dry skin	3
Dry skin	4

Table 3: objective criteria

	Symptoms	Present	Absent
1	*Toda* (piercing pain)		
2	*Parushya*(Hardness)		
3	*Harsha* (Horripilation)		
4	*Khara* (Roughness)		
5	*Shaitya* (Coldness)		
6	*Utsedha* (Rising)		
7	*Gaurav* (Heaviness)		
8	*Kleda* (Moisture)		

OBJECTIVE CRITERIA

Size of the lesion

Length and breadth of patch was measured on 0th, 7th, 14th, 21th, 30th day of the treatment. Size of lesion was measured in sq.cm. Dimension of affected area were measured in sq.cm with help of transparent paper and graph paper sheet. Any decrease or increase in size was recorded on case paper. (Fig 3)

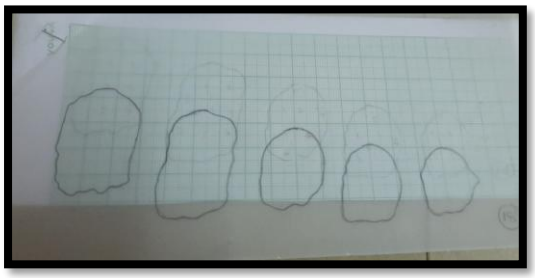


Fig 3:

Colour of the lesion (patch)

Assessment of the colour of lesion was done with the help of 'Fitzpatrick Skin Typing Scale. This scale is consisting of total 36 shades of Human skin colour. Colour of Lesion was recorded on 0th, 7th, 14th, 21th, 30th day of treatment. Any improvement was recorded with the help of readings on the case paper. (Fig. 4)

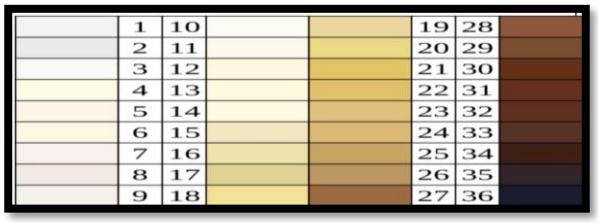


Fig. 4: Fitzpatrick Skin Typing Scale

Photographic record:

Photos of patient at every follow up were taken at standard condition like with Standard Distance with 8 mega Pixel of camera.

RUJA (PAIN)

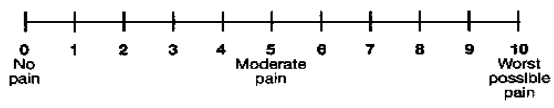
VISUAL

A line 10 cm in length was drawn with 0 marking on left side and 10 marking on right side.

0- no pain, 10- severe pain

The patient was asked every visit to mark on the scale

VISUAL ANALOGUE SCALE



Observation	0th day	7th day	14th day	21th day	30th day
VAS scale reading					

Data presentation and statistical Analysis :-

At the study site, data of all the participants were recorded in predesigned CRFs. Outcome measures were analysed as a mean change in response from baseline to 4th week. The obtained data were analysed statistically using paired t test for quantitative paired data for difference in score before and after the treatment. Symptomatic relief was assessed as percentage change in terms of presence of any symptom from baseline to the 28th day and follow up at the end of 5 th week.

Observation And Result :-

33 Patients were registered, among 3 patients were discontinued due to personal reasons and 30 patients completed the prescribed course and treatment. Patients who dropped out after baseline visit were excluded from the analysis. (Fig 5)

All Parameters of *Vatakaphatmaka Kushtha* like *Kandu*, *Rukshata*, *Parushya* etc. were observed and changes in parameters were observed and noted weekly. The results obtained from the study *was* analyzed statistically.

Markedly improvement was seen in *Lakshanas*-

50% in *Kandu*, 45% in *Rukshata*,100% in *Parushya*, 89% in *Khara*, 40% in *Utsedha*, 91% in *Gaurav*, 92% in *Kleda*, 7.35% in Colour of Lesion, 39 % in Size of lesion.

Weekly improvement in each symptom of *Vatkaphatmak Kushtha* from baseline (visit 1) to after 1st week (Visit 2), 2nd week (Visit 3), 3rd week (Visit 4), and 4th week (Visit 5) presented in table no 4. (Fig. 6)

Table no 4: Weekly improvement in each symptoms of *Vatkaphatmak Kushtha*.

Lakshana	Baseline	1st week (%)	2nd week (%)	3rd week (%)	4th week (%)
Kandu	-	0.00 %	14.08 %	39.44 %	50.70%
Rukshata	-	1.82 %	10.91 %	34.55 %	45.45 %
Parushya	-	0.00 %	7.69 %	69.23 %	100 %
Khara	-	0.00 %	7.14 %	75 %	89.25 %
Utsedha	-	0.00 %	0.00 %	0.00 %	40.0 %
Gaurav	-	0.00 %	8.33 %	58.33	91.67 %
Kleda	-	0.00 %	7.69 %	53.85 %	92.35 %
Colour of Lesion	-	0.43 %	3.14 %	4.54 %	7.35 %
Size of Lesion	-	7.02 %	14.47 %	30.26 %	39.04 %

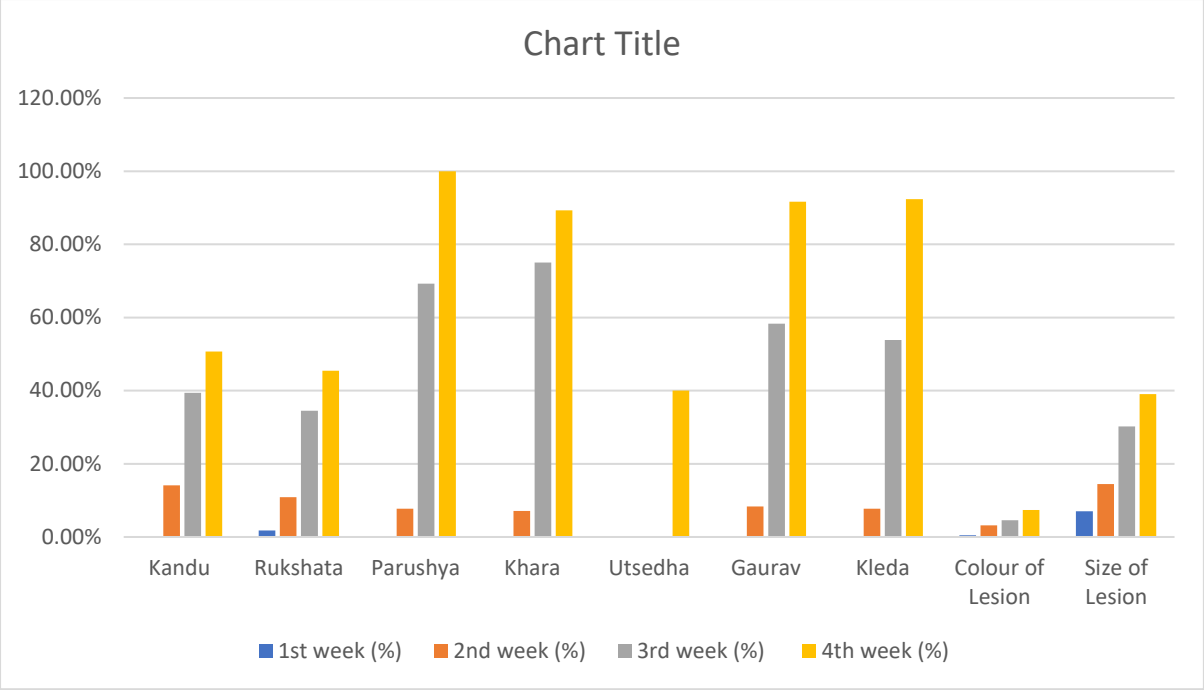


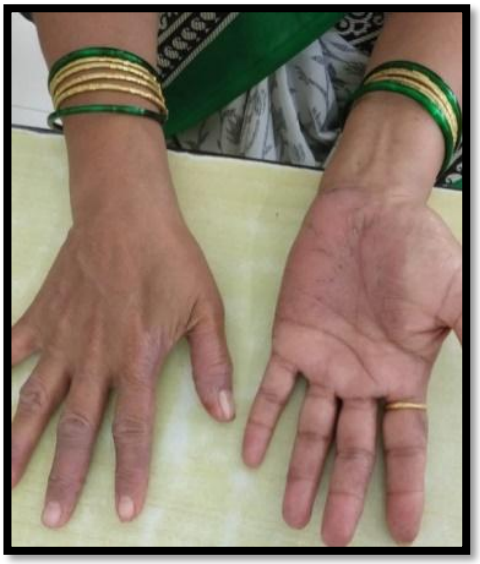
Fig. 6:

Effect of *Tuvaraka Taila* internally and *Tuvaraka taila Malhara* externally on some case of *Vatkaphatmaka Kushtha* is present in fig no 7.

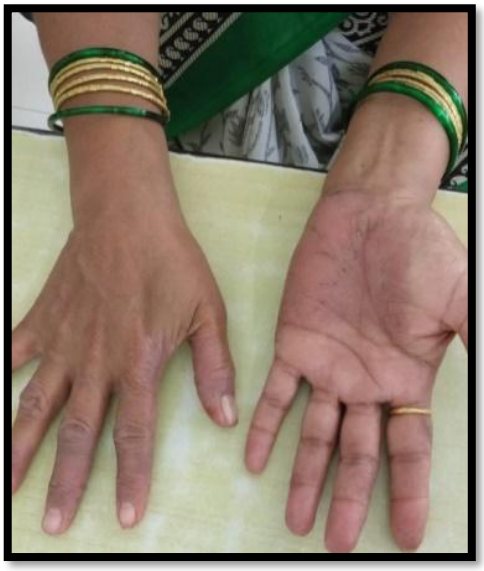
Fig no 7

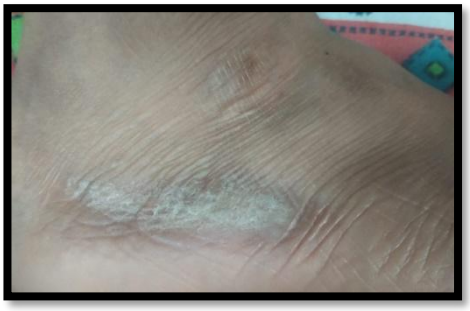
.

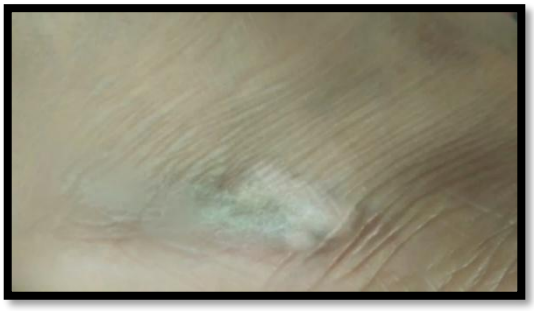
Before Treatment

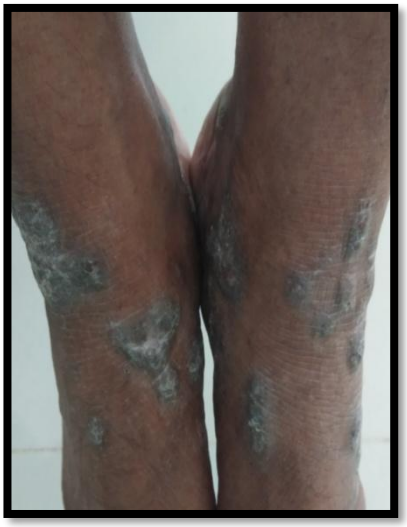


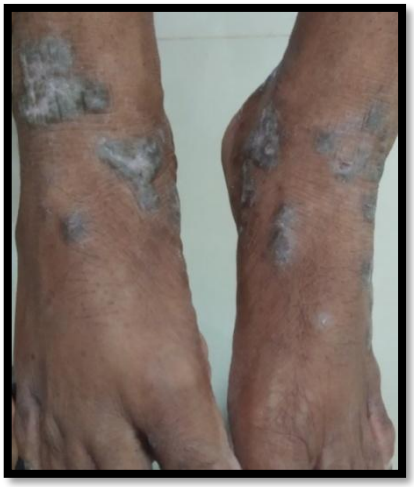
After Treatment











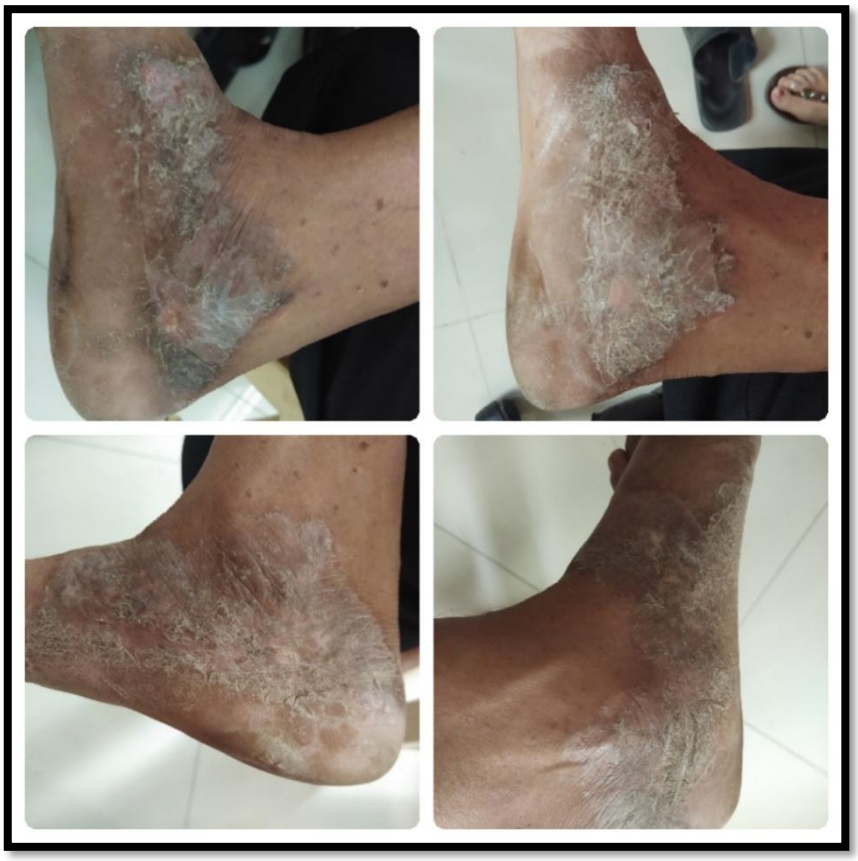


Fig. 5:- Outflow of the patients in the study

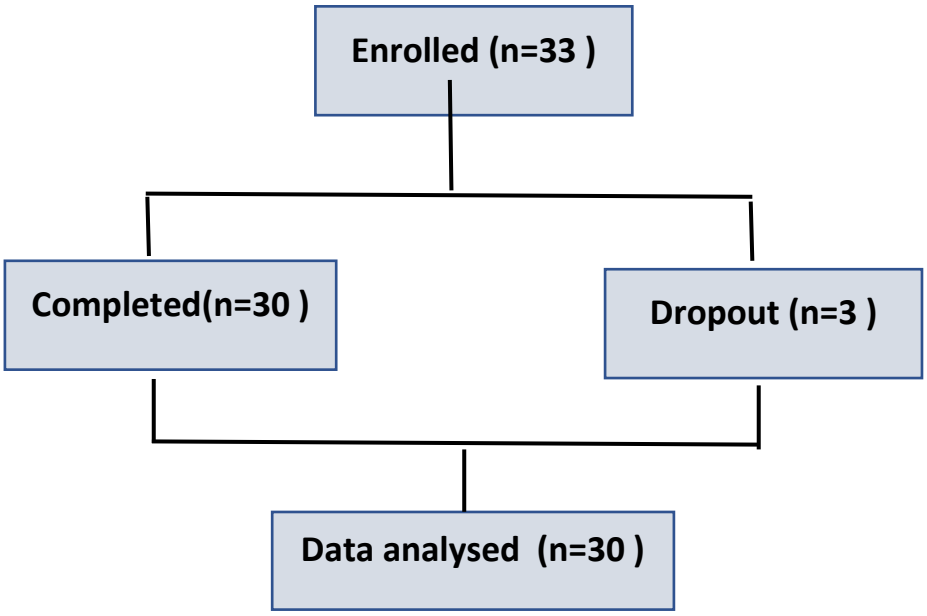
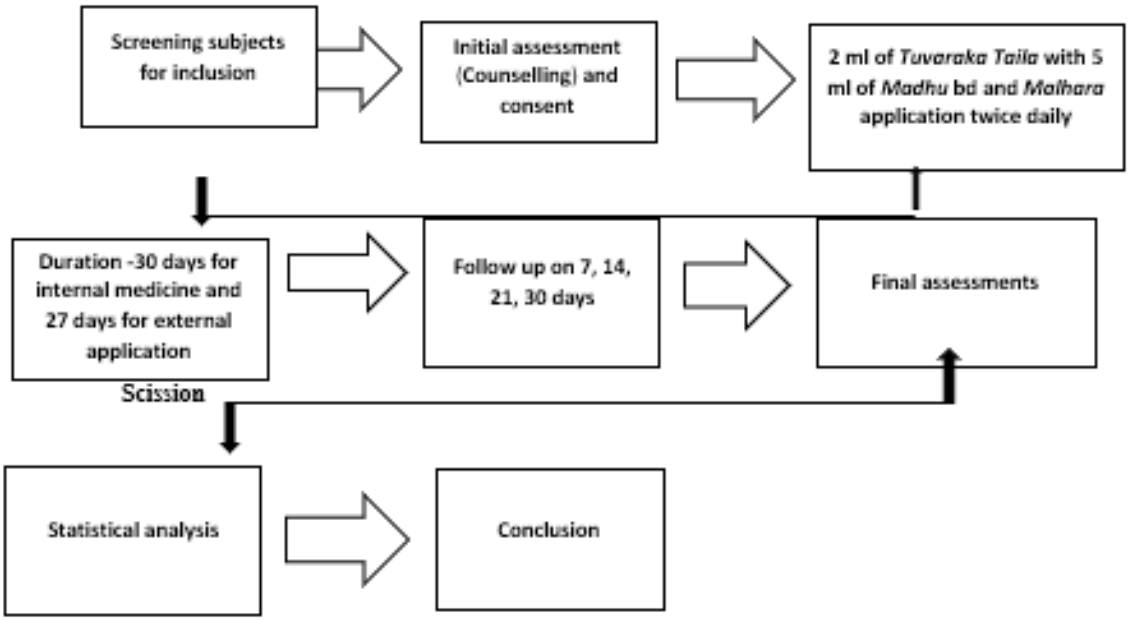


Fig 6. :- Study Schedule :-



The dominance of *Rasa* in the diet of the patient of the series was *Amla Katu*, *Lavan and Madhura Rasa*. *Amla*, *Lavan* and *Madhura Rasa* are *Kaphakara* and *Katu Rasa* is *Vatakara* and which is the predominant *Hetu* of *Vatakaphatmak Kushtha*. Excessive use of *Amla* and *Lavan Rasa* are responsible for *Rakta Dushti* [9]. which is an important factor in pathogenesis of *Kushtha* [10].

The dominance of *Guna* in the diet of the patient of the series was *Ushna Virruddha,*

Kshariya, Abhishyandi, Vidahi, *Guru*. *Viruddha aharas* which leads to vitiation of *Agni* and thus produces *Ama*, they also produced *Dhatu Shaithilya* and *Dosha prakopa* like *Kapha Dosha* which is the main cause for the disease. Due to *Abhishyandi Ahar*, *Guru*, *Snigddha ahar Agni vaishamya* and formation of *Kleda* is seen which further leads to *Rasa* and *Rakta* and *mamsa Strotas dusthi* (*Twacha* is *Updhatu* of *Mansa*) and *Kapha prakopa* all these together are causative factors in *Kushtha Samprapti*.

I n this study majorly of patients shows *Krodha and Chinta* as a main causative factor. Among some patients *Bhaya* was also found a *Manas hetu*. *Chinta*, *Bhaya* are the aggravating factors of *vata*.

All together with these factors' aggravation of *Tridoshas* but prominently *Vata* and *Kapha*, *Rasa*, *Rakta*, *Mansa*, *Twak dushti* occurred which leads to *Vatakaphatmak Kushtha*.

As mentioned in *Samhitas Tuvaraka* is a *Madhur*, *Kashaya*, *and Tikta* in *rasa*, *Ushna Veerya*, *Katu Vipaka*, *Vatakaphashamak* properties and *Kushthaghna karma*. As *Kushtha* is *Tridoshatmak*, the dominance of *Doshas* further leads to its *doshik* type, *Tuvaraka* which was selected as a single drug therapy which pacifies *Vata* and *Kapha doshas and improves Rasa Dushti by eliminating Kleda, Ama that helps in breaking Pathogenesis of Vatakaphatmaka Kustha*.

Externally applied *Malhara* got absorbed through the *Bhrajaka Agni* of the skin and with all these properties reaches the skin site and reduces the symptoms like *Kandu*, *Parushya*, *kharata*, *Rukshta* at site of lesion. Combined effect of *Tuvaraka Taila* internally and *Tuvaraka Malhara* Externally showed significant effect.

Conclusion:

The statistical analysis reveals that *Tuvaraka Taila* internally and *Tuvaraka Taila Malhara* locally have significant effect in *Vatakaphatamak Kushtha*.

The role of *Tuvaraka Taila* and *Tuvaraka Malhara* in management of *Vatakaphatamak Kushtha* is significant.

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