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# A Comparative Study on the effect of *Padabhyanga* with *Tila Taila* and *Nimba Taila* in management of *Vipadika* w.s.r. to *Padasputana*

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## ABSTRACT

**Background:** *Vipadika* affects irrespective of age, sex and socioeconomic status. The causes may be excessive/barefoot walking, contact with dust, detergents and improper food habits. Here control over *Vatadosha* is important which can be achieved through *Padabhyanga*. **Materials and Methods:** It was a comparative clinical study of 30 patients, who were selected by random sampling from the OPD of S.M.V.V.S, R.K.M Ayurveda Medical College, Vijayapura, and categorized into 2 groups as 'A' and 'B', each consisting of 15 patients and were advised *Tila Taila* and *Nimba Taila Padabhyanga* for 30 days respectively. Follow up was advised on 45<sup>th</sup> day of treatment. Severities of the symptoms were assessed before, after treatment and after follow up. **Results:** In group-A 20% of patients showed complete relief and in group-B 0% have showed complete relief. **Conclusion:** *Tila Taila* is having *Sara, Sukshma Guna* and pacifies *Vatakapha Dosha*. *Nimba Taila* is *Kushtagna, Krimigna*. Both *Tailas* help in reducing *Rukshata* and *Sputana*. *Vipadika* can be correlated with cracked heels. The results were assessed statistically by Pooled chi square test. It was concluded that group-A patients were significantly better than group-B after follow up. Hence *Tila Taila Padabhyanga* is beneficial in *Vipadika*.

**Key words:** *Vipadika, Padasputana, Padabhyanga, Tila Taila, Nimba Taila.*

## INTRODUCTION

Aim of the Ayurveda is to promote and maintain health of a healthy person and to cure the disease of a diseased one. The person who wants healthy long life is expected to follow the procedures explained under *Charyatryas*.

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*Abhyanga* is one of the *Dinacharya* procedure, regular practice prevents many diseases including *Sputana* of *Pada* and mitigates *Vata Dosha*.<sup>[1],[2]</sup> *Vata* is present in skin and hence it is important to massage the skin with *Sneha Dravyas* which have *Vatashamaka* properties. *Taila Abhyanga* is specially advised on *Shira, Shravana* and *Pada*.<sup>[3],[4]</sup>

*Vipadika* is one of the *Kshudra Kushta* and having *Pani, Pada Sputana* and *Teevra Vedana* as main symptoms.<sup>[5]</sup> Hence *Padabhyanga* will be beneficial in *Padasputana*.<sup>[6],[7]</sup> As *Tila Taila* act as *Vatakaphahara*<sup>[8]</sup> and *Nimba Taila* as *Kushtagna*,<sup>[9]</sup> both drugs have been selected for the procedure.

## OBJECTIVES:

To compare the efficacy of *Tila Taila* and *Nimba Taila* in *Padasputana*.

## MATERIALS AND METHODS

### Source of Data

The patients have been selected by random sampling method from O.P.D. of S.M.V.V.S. R.K.M. Ayurveda Medical College and Hospital, Vijayapura.

**Drugs:** *Tila Taila* and *Nimba Taila* for the present study was procured from GMP certified Pharmacy.

**Composition of trial drug:** Single drug therapy in oil form has been used in 2 separate groups.

**Study Design:** A comparative clinical study.

**Sampling Size:** The sample size is 30, 15 patients in each group.

### Intervention

	Group - A	Group - B
Medicine	<i>Tila Taila</i>	<i>Nimba Taila</i>
Sample size	15 subjects.	15 subjects.
Method	<i>Padabhyanga</i> for 15 minutes to each foot in the morning before taking bath by assessing the <i>Jeernaahara Laxana</i> .	<i>Padabhyanga</i> for 15 minutes to each foot in the morning before taking bath by assessing the <i>Jeernaahara Laxana</i> .

The patients have been advised Pathyapathya.

### Inclusion Criteria

1. Patients above the age of 16 years and below the age of 60 years.
2. Irrespective of their sex.
3. Classically diagnosed cases of *Padasputana* have been considered for the study.

### Exclusion Criteria

1. Patients aged below 16 years and above 60 years.
2. Patient with K/c/o Diabetes mellitus, Foot ulcer, Psoriasis, other skin diseases, any external injuries over foot and K/c/o any other systemic disease.

3. Occupational planto palmar diseases.
4. Patient *Ayogya* for *Padaabhyanga*.

### Grading for variables

#### Subjective variables

##### 1. Vedana:

- 0 - Absent
- 1 - On deep palpation
- 2 - On touch
- 3 - Without touch *Vedana* is present

##### 2. Rukshata:

- 0 - Absent
- 1 - Present only in the heel
- 2 - Present in the sole
- 3 - Present up to ankle

##### 3. Kandu:

- 0 - Absent
- 1 - Present on walking
- 2 - Present at rest
- 3 - Present day and night

##### 4. Daha:

- 0 - Absent
- 1 - Present on the exposure to heat and sun
- 2 - Present in the evening without exposure to heat and sun
- 3 - Present day and night

#### Objective variables

##### 1. Number of cracks:

- 0 - Absent
- 1 - 1 to 10
- 2 - 11 to 20
- 3 - 20+

**Study duration:** Total duration: 45 days

**Treatment duration:** 30 days

#### Follow-up study

Patients were advised to attend the OPD for observation on 30th day after treatment duration. After this, advised to attend for follow up on 45<sup>th</sup> day.

#### Assessment of Results

The data were collected and analyzed by various statistical tools with the help of Bio-Statistician. Total assessment of the treatment was done on the basis of relief in the main signs and symptoms of disease. The assessment results are categorized as follows:

1. Complete relief - 100%
2. Moderate relief - 61 to 99%
3. Mild relief - 25 to 60%
4. Poor relief - < 25%

### OBSERVATIONS AND RESULTS

**Table 1: Group A - Observation of comparison between before and after treatment.**

Parameters	BT	AT
<b>Vedana</b>	No. of Patients (%)	No. of Patients (%)
Gr-0	0(0)	3(20)
Gr-1	4(26.7)	8(53.3)
Gr-2	6(40.0)	2(13.3)
Gr-3	5(33.3)	2(13.3)
<b>Rukshata</b>		
Gr-0	0(0)	3(20.0)
Gr-1	3(20.0)	7(46.7)
Gr-2	5(33.3)	5(33.3)
Gr-3	7(46.7)	0(0)

<b>Daha</b>		
Gr-0	0(0)	3(20.0)
Gr-1	1(6.7)	8(53.3)
Gr-2	8(53.3)	4(26.7)
Gr-3	6(40.0)	0(0)
<b>Kandu</b>		
Gr-0	0(0)	0(0)
Gr-1	3(20.0)	10(66.7)
Gr-2	6(40.0)	5(33.3)
Gr-3	6(40.0)	0(0)
<b>No. of Cracks</b>		
Gr-0	0(0)	3(20.0)
Gr-1	1(6.7)	10(66.7)
Gr-2	6(40.0)	2(13.3)
Gr-3	8(53.3)	0(0)

**Table 2: Group B - Observation of comparison between before and after treatment.**

Parameters	BT	AT
<b>Vedana</b>	No. of Patients (%)	No. of Patients (%)
Gr-0	0(0)	1(6.7)
Gr-1	5(33.3)	6(40.0)
Gr-2	5(33.3)	8(53.3)
Gr-3	5(33.3)	0(0)
<b>Rukshata</b>		
Gr-0	3(20.0)	0(0)
Gr-1	7(46.7)	7(46.7)

Gr-2	5(33.3)	7(46.7)
Gr-3	0(0)	1(6.7)
<b>Daha</b>		
Gr-0	0(0)	4(26.7)
Gr-1	5(33.3)	7(46.7)
Gr-2	4(26.7)	4(26.7)
Gr-3	6(40.0)	0(0)
<b>Kandu</b>		
Gr-0	0(0)	0(0)
Gr-1	5(33.3)	8(53.3)
Gr-2	7(46.7)	6(40.0)
Gr-3	3(20.0)	1(6.7)
<b>No. of Cracks</b>		
Gr-0	0(0)	1(6.7)
Gr-1	0(0)	5(33.3)
Gr-2	10(66.7)	9(60)
Gr-3	5(33.3)	0(0)

**Table 3: Observation of comparison between Group-A and Group-B after follow up**

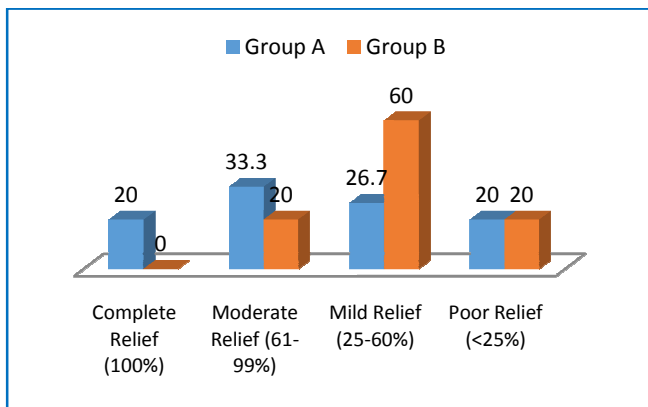
Parameters	Group A	Group B	Test
<b>Vedana</b>	No. of Patients (%)	No. of Patients (%)	Chi square test
Gr- 0	10(66.7)	3(20.0)	P=0.0099*
Gr-1	5(33.3)	7(46.7)	
Gr-2	0(0)	5(33.3)	
Gr-3	0(0)	0(0)	

<b>Rukshata</b>			
Gr-0	11(73.3)	3(20.0)	P=0.0029*
Gr-1	4(26.7)	5(33.3)	
Gr-2	0(0)	7(46.7)	
Gr-3	0(0)	0(0)	
<b>Daha</b>			
Gr-0	11(73.3)	4(26.7)	P=0.0176*
Gr-1	4(26.7)	7(46.7)	
Gr-2	0(0)	4(26.7)	
Gr-3	0(0)	0(0)	
<b>Kandu</b>			
Gr-0	10(66.7)	5(33.3)	P=0.0679
Gr-1	5(33.3)	6(40.0)	
Gr-2	0(0)	4(26.7)	
Gr-3	0(0)	0(0)	
<b>No. of Cracks</b>			
Gr-0	12(80.0)	2(13.3)	P=0.003*
Gr-1	3(20.0)	9(60.0)	
Gr-2	0(0)	4(26.7)	
Gr-3	0(0)	0(0)	

**Table 4: Final assessment of results between Group A and B**

Final Results	Group A		Group B		Pooled Chi Square test
	Frequency	%	Frequency	%	
Complete relief (100%)	3	20%	0	0%	P = 0.2241

Moderate relief (61-99%)	5	33.3%	3	20%	NS
Mild relief (25-60%)	4	26.7%	9	60%	
Poor relief (<25%)	3	20%	3	20%	



In Group A, 5 (33.3%) patients showed moderate relief after treatment. But when compared with Group B results, most of the patients i.e. 9 (60%) were mildly relieved. When we observe the results of Group A, 3 (20%) patients were fully relieved from the disease, but in Group B no (0%) cases have got fully relieved from the disease after treatment. Therefore we can conclude that treatment A is better as compared to treatment B. But statistically no significance difference was found ( $P > 0.05$ ).

Thus, with reference to above statistical analysis we can say that *Tila Taila Padabhyanga* is better than *Nimba Taila Padabhyanga*.

## DISCUSSION

In the present clinical study it was observed that after follow up treatment in Group A out of 15 (100%) patients, 3 (20%) patients had complete relief, 5 (33.3%) patients showed moderate relief, 4 (26.7%) patients showed mild relief and 3 (20%) patients showed poor relief. Where as in group B 0 (0%) patients were completely cured, 3 (20%) patients showed moderate relief, 9 (60%) patients showed mild relief and 3 (20%) patients showed poor relief.

$P=0.2241$  which is not significant but on the above observations we can conclude that treatment A i.e. *Tila Taila Padabhyanga* is better than treatment B i.e. *Nimba Taila Padabhyanga*.

The patients, selected for this study were from *Jangala Desha*, hence the effectiveness of *Tila Taila* was more. *Nimba Taila Padabhyanga* results were not satisfactory, because as per the observations, patients from Group B were having more *Rukshata* when compared to Group A patients, which may have got increased further due to the usage of *Nimba Taila*. If, in case the selected patients were from *Anupa Desha* then *Nimba Taila* effects would have been more.

## CONCLUSION

*Vipadika* is one among the *Kshudra Kushta Vyadhi*, can be compared with cracked heels, which is a common skin disorder. *Padabhyanga* with *Tila Taila* brought softness in the soles, helped in reducing *Padasputana*, *Vedana* and *Rukshata*. *Padabhyanga* with *Nimba Taila* has not shown satisfactory results. *Vipadika* is existing as a distressing disorder and recurrence of disease is common. So regular practice of *Tila Taila Padabhyanga* act as a preventive and curative treatment in *Vipadika*.

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