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A comparative clinical study of classical and non-classical *Siravyadha* in *Vipadika*

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ABSTRACT

In Ayurveda all the skin diseases are described under single heading i.e. 'Kushta' which are further divided into *Mahakushta* and *Kshudrakushta*. *Vipadika* is among the 11 types of *Kshudra Kushta* involving *Vata Kapha* mentioned in classics characterized by '*Panipada Sphutana*' (Fissures in Palms and Soles) and '*Tivravedana*' (Severe Pain). On basis of its signs and symptoms it can be correlated with '*Palmoplantar Psoriasis*'. *Kushtachikitsa* is classified into *Shodhanam*, *Shamanam* and *Nidanparivarjana* amongst which *Shodhana Chikitsa* is of greater significance in skin diseases, and *Raktamokshana* is considered to be a shortest and effective treatment in the management of skin diseases. *Siravyadha* is a type of *Panchashodhana* described by Acharya's as an effective remedy in number of disease conditions. Acharya *Sushruta* and *Vagbhata* has mentioned that *Siravyadha* is half treatment in *Shalyatantra* as *Basti* is the half treatment in *Kayachikitsa*. Diseases which do not get pacified so quickly by therapeutic measures like *Snehana*, *Swedana* etc. are pacified by *Siravyadha*.

Key words: *Kshudrakushta*, *Palmoplantar Psoriasis*, *Panchashodhana*, *Siravyadha*, *Vipadika*.

INTRODUCTION

Ayurveda is the everlasting supreme science of medicine because it deals with all aspect of life particularly of human being since antiquity. The foremost aim of Ayurveda is to promote and maintain the health of a healthy person. Due to modernization and following western culture, there has been a lot of variation with the explosion of knowledge. In the 21st century a new concept of multi-factorial causation of a disease has arisen due to changing pattern of life styles, living standards, demographic factors,

urbanization, the life style of individual and thus not following the rules of *Swasthavritta* has led to the era of plethora diseases.

All skin diseases in Ayurveda have been considered under *Kushta*. *Vipadika* is included under *Kshudrakushta* characterized by *Sphutana* either in palms or soles or in both with severe pain.^[1] Based on the signs and symptoms it can be correlated with *Palmoplantar psoriasis* according to the modern science. The disease *Vipadika* causes skin discoloration which is a cause of social stigma, brings down the cosmetic value of the person, there is severe pain associated so although it being minor condition cripples the day today activities of a person.

Skin is the first organ of the body interacting with the environment agents like physical, chemical and biological agents. Diseases of the skin are of common occurrence and they are intrinsic in origin. There are not many statistics to prove the exact frequency of the skin diseases in this country, but general impression is 10-20% patient's seeking medical advice suffers from skin disease.

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Siravyadha is type of *Shodhana* procedure (*Raktamokshana*) widely described in Classics. *Maharshi Sushruta* and *Vagbhata* has mentioned that *Siravyadha* is half treatment in *Shalyatantra as Basti* is the half treatment in *Kayachikitsa*.^[2] Diseases which do not get pacified so quickly by therapeutic measures like *Snehana*, *Swedana* etc. are pacified by *Siravyadha*.^[3] Diseases of the skin and diseases arising from blood will never re-occur in person indulging in *Raktamokshana*.^[4]

The non-classical method is practiced by many physicians across our country effectively in the management of *Kushta*, *Ghridrasi*, *Visarpa*, *Udara* etc. by Late Vd. R. B. Gogate (Pune, Maharashtra) Vd. P. T. Joshi (Dhule, Maharashtra), Vd. Shrinivas Acharya (Udupi, Karnataka), Vd. Ramesh Rajguru (Ahmadnagar, Maharashtra) and Vaidyas performing with their own method (All over India).^[5]

The practice of bloodletting dates back to antiquity. The art of bloodletting was familiar before Hippocrates in fifth century B.C. Surgeons were practicing this bloodletting. Bloodletting was popular medical practice upto the last 19th century. It was one of the oldest medical practice in Greeks, Egyptians and Mesopotamia. It was theorised by many disease caused by plethora (over abundance in the blood).

MATERIALS AND METHODS

Source of Data

Clinical - Panchakarma OPD and IPD of Muniyal Institute of Ayurveda Medical Sciences and Hospital, Manipal

Literary - All Ayurveda, Modern literature contemporary texts including the journals, websites etc. were reviewed pertaining to the disease and treatment method in the intended study.

Sample Size

40 clinically diagnosed patients of *Vipadika* were selected randomly based on inclusion criteria. They were equally divided into group A and B, 20 patients in each group.

Group A - Treated with Classical method of *Siravyadha*

Group B - Treated with Non Classical method of *Siravyadha*.

Diagnostic Criteria

- *Panipaada Sphutanam* - Cracks of Hands and feet
- *Tivravedana* - Severe Pain
- *Manda Kandū* - Slight Itching
- *Saraag* - Reddish Discoloration
- *Pitika* - Papule

Inclusion Criteria

- Male and female patients aged 18 years to 60 yrs.
- Patients diagnosed as *Vipadika* based on the classical *Lakshanas* like *Sphutana* of hands and feet, *Tivravedana*, slight itching.
- Patients who are fit for *Raktamokshana*.

Exclusion Criteria

- Patients below the age group of 18 years and above the age of 60 years
- Patients suffering from Haemolytic and Bleeding Disorders
- Patients suffering from any other major systemic illness.
- Patients who are not fit for *Raktamokshana*.

Assessment Criteria

1. Pain/Vedana

Severity of Pain	Grade
Absent	0
Mild	1
Moderate	2
Severe	3

2. Kandū/Itching

Severity of Itching	Grade
Absent	0
Mild	1
Moderate	2
Severe	3

Objective Parameters**1. Size of the Lesion**

Size of the Lesion	Grade
Absent	0
Less than 5mm	1
Between 5mm to 10mm	2
More than 10mm	3

2. Bleeding/Raktasrava

Characterstic of Bleeding	Grade
Absent	0
Mild	1
Moderate	2
Profuse	3

3. Sphutana/Cracks

Visibility	Grade
No scaling	0
Mild scaling from some lesions.	1
Moderate from some lesions	2
Severe scaling from some lesions	3
Very severe scaling from all lesions	4

Intervention

It is a comparative clinical study of patients with *Vipadika*. 40 patients diagnosed as having *Vipadika* will be selected as per inclusion and exclusion criteria irrespective of their gender, caste, religion, education status, socio-economic status were taken for the study.

Group A

The Patients of Group A shall be treated with classical method of *Siravyadha*.

It was done for one sitting as follows:

Purva Karma

- Day 1 to Day 3** : Dipana Pachana with *Panchakola Phanta* 50ml twice/day for three days.^[6]
- Day 4** : *Abhyantara Snehapana* with *Goghrita* 100ml with mixing of *Saindhav Lavana* will be given in the morning 7am.
- Day 5** : *Bahya Snehana Sarvang Snehana* with *Nimba Taila* followed by *Swedana*.

Diet: *Yavagu Pana*

Pradhana Karma

- Day 5** : *Siravyadha* with the help of Scalp vein no. 21 was done.
- Site of Siravyadha** : At 2 *Angula* above the site of *Kshipramarma*
- Vein Punctured** : Great Saphenous Vein for foot / Dorsal Venous arch towards Cephalic Vein for hand.
- Quantity of blood** : Maximum quantity of Blood with drawn was 300ml.

Paschat Karma

- Day 5** : *Prakshalana* with cold water and *Siramukha* was tied with bandage.
- Diet Regulation.

Group B

Patients of the Group B were treated with the mode of Non classical method of *Siravyadha* for one sitting.

The site was cleaned and *Siravyadha* was directly done using a scalp vein no. 21.

RESULTS**Comparative effect of treatment on Sphutana Group A and B**

In case of *Vipadika Sphutana* is a sign observed specifically because *Dosha Dushti* was occurring at *Sthana*, *Twaka* preceded by *Raktadushti*. By doing *Siravyadha* it helps to remove *Dushita Rakta* which enables proper circulation to the tissues helping in its generation.

In Group A - 64.2% improvement in *Sphutana*.

In Group B - 50% improvement in *Sphutana*.

Comparative Effect of treatment on *Vedana*

Due to *Raktadushti* caused by *Aharaj Viharaja Nidana* associated with *Vata Dosha Prakopa*. Vitiating *Vata* is a factor for *Shoola* because it causes *Siraakunchana* (tortuosity of veins) which further stimulates release of neurotransmitter, which get collected in smooth muscle of blood vessels. After *Raktamokshana*, relief in the pain, may be due to *Nirharana* of the *Vata* along with the *Dustha Rakta* causes pain, by doing *Raktamokshana* the *Dushit Rakta* flows out leading to *Vatanulomana (Prakruta Vata Gati)*.

67% improvement in *Vedana* was seen in Group A

59% improvement in *Vedana* was seen in Group B.

Table 1: Overall Effect of treatment on Assessment Criteria

Assessment Criteria	Group A	Group B
<i>Sphutana</i>	64.2%	50%
<i>Vedana</i>	67%	59%
<i>Kandu</i>	64%	55%
<i>Daha</i>	61%	54%
Bleeding	72%	52.5%
Size of the lesion	69%	63%

Effect of treatment on associated symptoms

The *Nidanas* like *Diwaswapa*, *Dadhi Sevana* etc. caused *Kaphaprakopa* in some patients leading to *Kandu* as presenting symptom, when *Raktamokshana* was done, the *Dushita Dosha* flows out with *Rakta*. In Group A the effect of treatment showed 64% improvement in *Kandu*. In Group B the effect of treatment showed 55% improvement in *Kandu*.

The predominance of *Pitta* with *Dushita Rakta* because of *Ashrayashrayi Bhava* of *Rakta* and *Pitta* showed *Daha* as symptom in some patients. *Acharya*

Sushruta has indicated *Raktamokshana* as primary line of treatment in *Rakta* and *Pitta*.

In Group A the effect of treatment showed 61% improvement in *Daha*.

In Group B the effect of treatment showed 50% improvement in *Daha*.

Table 2: Overall response of the treatment in both Groups

Total Effect	Percentage	Group A (No. of Patients %)		Group B (No. of Patients %)	
		No.	%	No.	%
No Improvement	<25%	0	0%	1	5%
Improved	26-50%	2	10%	8	40%
Moderately Improved	51-75%	17	85%	11	50%
Markedly Improved	76-99%	1	5%	0	5%
Cured	100%	0	0%	0	0%

DISCUSSION

All skin diseases in Ayurveda have been considered under *Kushta*. *Vipadika* is included under *Kshudrakushta*.

Vipadika is also considered one among 80 types of *Vataja Nanatmaja Vikaras*.

Vipadika being a variety of *Kshudra Kushta* the etiological factors of the *Kushta* are to be accepted as etiological factors of *Vipadika*.

Acharyas have explained different layers (*Tamra* and *Vedini*) of *Twacha* for manifestation of *Kushta*.

In case of *Kushta Chikitsa* if there is *Bahudosha Avastha*, *Shodhana* is done. If *Vata* predominance then *Sarpi Pana*, in *Pitta* predominance *Virechana* and *Rakta Mokshana* and in *Kapha* then *Vamana* is indicated.

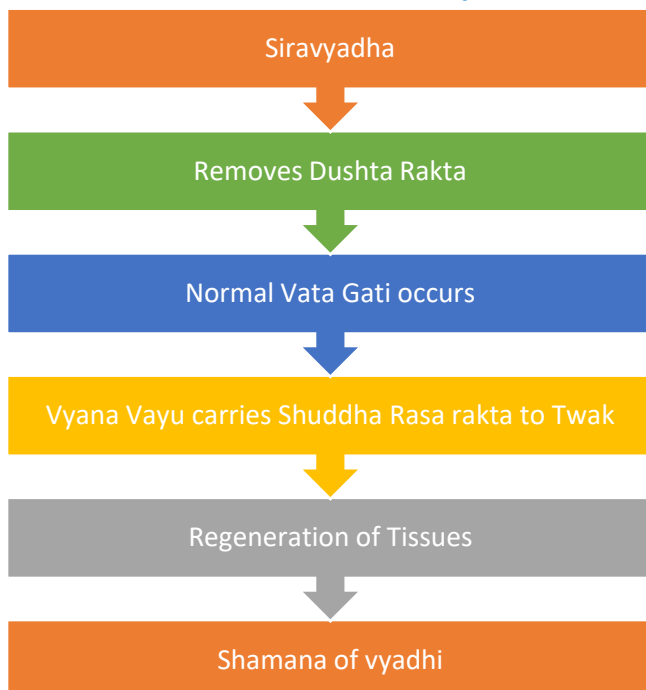
In case of *Padadaha*, *Khuda*, *Harsha*, *Vipadika*, *Vatakantaka* and *Chippa*, *Siravyadha* is advised at two *Angula* above the site of *Kshipra Marma*.

Palmoplantar psoriasis is a type of psoriasis that affects the palms of the hands and the soles of the feet. Psoriasis is an autoimmune condition that can flare up with exposure to certain triggers.

Probable mode of action

In *Vipadika* due to *Hetu Sevana* there is *Tridosha Prakopa* with *Rakta Dushti*. The disease manifestation presents with *Hastapada Sphutana* with Severe pain. Because of *Anubandha* of other *Dosha* features like *Daha*, *Kandu* and *Raktasrava* are seen. In classics the management of *Vipadika* has been clearly specified. All the *Acharyas* have indicated *Raktamokshana* as the Prime treatment modality. In the comparative study carried out to evaluate the effect of Classical and Non Classical *Raktamokshana* by *Siravyadha*, it was observed that Group A showed extremely significant results. The protocol followed by *Purvakarma* with administration of *Deepana Pachana* with *Panchakola Phanta* and *Abhyantar Snehapana* of *Lavanopahita Sneha* inhibits the pathogenesis right from the roots i.e. *Samprapti Vighatana* occurs. By *Siravyadha* the *Dushita Rakta* with *Prakupita Doshas* flows out leading to normal *Gati* of *Vayu*. There is increased circulation of fresh blood promoting regeneration of healthy tissues. Hence there was significant change observed.

Flow chart 1: Mode of action of Siravyadha.



CONCLUSION

Vipadika is included under *Kshudrakushta* characterized by *Sphutana* either in palms or sole or in both with severe pain. Detail chapter is not present in any of the classics but general *Nidana*, *Purvarupa*, *Rupa*, *Samprapti*, *Upashaya* and *Anupashaya*, *Chikitsa* of *Kushta* can be taken up for the consideration of the study. Based on the signs and symptoms it can be correlated with Palmaopltantar psoriasis. Manifestation of *Vipadika* is irrespective of age, sex and *Prakruti*, but predominantly seen in *Madhyama Vaya*, females and *Vata Kapha Prakriti* persons respectively. Two groups of 20 patients were made and treated with Classical and Non- Classical *Siravyadha* as assigned to their respective group. Group A treated with Classical *Siravyadha* showed better results than Group A treated with Non Classical *Siravyadha*. *Kala*, *Desha*, *Vihara* plays an important role in manifestation of *Vipadika*.

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