



“A Clinical Study On The Effect Of Saptaparna Taila Abhyanga In Kaphaja Kushta”

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ABSTRACT:

Kushta is considered as one of the *mahagada*^{1, 2, 3}. *Kapha* along with 6 other factors involves in pathogenesis of *kushta*⁴. Involvement of *Kapha* is comparatively predominant in all *Kushtas*. There are various types of *Kushtas* which are enumerated based on appearance of lesions on skin but in *Charaka Samhita* and *Rasa Ratna Samucchaya* the treatment of *Kushta* is explained based on doshas, in reference to this *Kaphaja Kushta* is taken into consideration for this study. Name of the disease is only for communication and easy understanding of a disease⁵.

In Ayurveda all diseases are treated based on *Doshas* and *Kushta* is no exception to this. Hence, treatment of *Kapha Dosha* is given priority⁶. Classification of *Kushta* vary from author to author. To avoid confusion the symptoms explained by *Acharya Charaka* in context of *Kapha dosha* is selected⁷.

As per classics in *Kushta*, panchakarma therapies are the treatment structure. If the disease is chronic, elimination therapies should be given and if disease is of recent origin, palliative therapies like *abhyanga*, *lepa* etc should be followed⁸. To avoid the reoccurrence *Shodhana*, *rakta mokshana*, *Bahya chikitsa* like *Lepa* and timely administration of *Sneha* are to be followed⁹. If *Kapha* is associated with other *Dosha*, then *Taila* is considered as effective choice¹⁰.

Saptaparna is one among the drugs mentioned by *Acharya Sushruta*¹¹ under the treatment of *Kaphaja Kushta* which has *Tikta Kashya Rasa*¹², *Sara Guna*, *Ushna Veerya*, *Kushtaghna* and *Krimihara* properties¹³. It is easily available in surrounding area and preparation of *Saptaparna Taila* is easy and cost effective.

In this study the specific action of *Saptaparna Taila* in different *Kapha* predominant *Kushtas* is to be observed and effect of *Saptaparna Taila* in specific *Kushta* is noted.

As per the study in 2017, the burden due to infectious and non-infectious skin disease has increased 53.7% over the past 3 decades. The high burden of skin and subcutaneous disease which is considered as 4th leading cause of disability worldwide hence, justifying the need for this study.

KEY WORDS: *Kaphaja Kushta*, *Abhyanga*, *Saptaparna Taila*

INTRODUCTION:

Skin is the largest organ of the body, it serves crucial functions such as protection, sensation and regulation of body temperature. Disorders affecting the skin can vary widely in etiology, presentation and impact on quality of life and aesthetic of an individual.

According to Ayurveda all skin diseases comes under *Bahya Rogamarga*. Intake of mutually contradictory foods and drinks, improper food habits, intake of cold water soon after exposure to sunlight, intake of fish, curds, black gram, horsegram etc are the cause for different types of skin diseases¹⁴.

In Ayurveda Kushta is considered as one among *Mahagada*^{1, 2, 3}. Acharyas have classified *Kushtas* into *Maha Kushtas* and *Kshudra Kushtas* but specific line of treatment is not mentioned for above 2 categories. *Acharyas* have given more importance to the dominance of *Doshas* while implementing various treatments. The symptoms explained by *Acharya Charaka* in context of *Kapha* dosha is selected⁷.

Several classifications are listed by Acharyas and even Acharya Charaka has mentioned *Kushtas* are innumerable in number¹⁵. Both *Acharya Charaka*⁵ and *Vagbhata*⁶ has mentioned that name of the disease is only for communication and easy understanding of a disease and *Hemadri* has mentioned knowledge of *Vatadi Doshas* is the main source for treating the disease.

As per classics in *Kushta*, panchakarma therapies are the treatment structure. If the disease is chronic, elimination therapies should be given and if disease is of recent origin, palliative therapies like *Abhyanga*, *Lepa* etc should be followed⁸. To avoid the reoccurrence *Shodhana*, *Rakta mokshana*, *Bahya chikitsa* like *Lepa* and timely administration of *Sneha* are to be followed⁹. If *Kapha* is the vitiated *Dosha*, then *Taila* is considered as effective choice¹⁰.

Saptaparna is one among the drugs mentioned by *Acharya Sushruta*¹¹ under the treatment of *Kaphaja Kushta* which has *Tikta Kashya Rasa*¹², *Sara Guna*, *Ushna Veerya*, *Kushtaghna* and *Krimihara* properties¹³. It is easily available in surrounding area and preparation of *Saptaparna Taila* is easy and cost effective.

In this study the specific action of *Saptaparna Taila* in different *Kapha* predominant *Kushtas* is selected for the treatment and effect of *Saptaparna Taila* in specific *Kushta* is noted.

Hence, *Saptaparna Taila Abhyanga* has been selected for the present study and research is planned under heading "A clinical study on *Saptaparna Taila Abhyanga* in *Kaphaja Kushta*"

AIMS AND OBJECTIVES OF THE STUDY:

- To know the effect of *Saptaparna* in *Kaphaja Kushta* with respect to severity.
- To know the effect of *Saptaparna* in *Kaphaja Kushta* with respect to chronicity
- To know the specific action of *Saptaparna taila* in *Kushta*.

MATERIALS AND METHOD:

A) LITERARY SOURCE:

All the classical, modern literatures, contemporary texts, journals, internet and previous research works about the disease and drug will be reviewed and documented for the intended study.

B) SAMPLE SOURCE:

Patients will be diagnosed and selected from the OPD and IPD and Camp programs of KVG Ayurveda Medical College and Hospital, Sullia.

C) DRUG SOURCE

The drug will be identified and collected from local area and medicine will be prepared in K.V.G. Ayurveda Medical College Pharmacy, Sullia.

METHODOLOGY AND COLLECTION OF DATA:

1. **STUDY DESIGN:** An open clinical study
2. **SAMPLE SIZE:** Minimum number of 30 patients fulfilling diagnostic and inclusion criteria of either gender will be selected.
3. **SELECTION CRITERIA :**

a) Diagnostic criteria:

The Diagnosis will be purely based on *Nidana Panchaka* as mentioned in Ayurvedic classics.

b) Inclusion criteria:

1. Patients of age 10-75 years irrespective of sex, religion and occupation.
2. Patients having the classical *Lakshanas* of *Kaphaja Kushta*.

c) Exclusion criteria:

1. Patients below 10 years and above 75 years.
2. Patients with other serious systemic disorders.

METHOD OF ASSESSMENT OF CLINICAL RESPONSE:

In Ayurveda, assessment is done purely based on *Rogalakshana* (symptomatology). Even though for (academic point of view) convenience it is divided into two parameters, namely subjective parameter and objective parameter. In this disease all *Lakshana* comes under subjective parameters.

Subjective criteria-

- *Kandu*
- *Gourava*

Objective criteria-

- *Shaitya*
- *Vaivarnya*
- *Utsedha*
- *Sneha*

DRUG REVIEW:

Criteria for selection of the drug:

- Drug is purely herbal
- Ingredients are easily available and cost effective.

Rasapanchaka of Saptaparna:

- *Rasa: Kashaya, Tikta*
- *Guna : Sara*
- *Veerya: Ushna*
- *Vipaka: not mentioned*
- *Doshagnata : Doshajit*

Table no 1: Proportions of drugs

SR. NO.	SANSKRIT NAME	BOTANICAL NAME	PROPORTIONS
1	<i>Saptaparna Kalka</i>	Alstonia Scholaris	1 part
2	<i>Tila Taila</i>	Sesamum Indicum	4 parts
3	<i>Saptaparna Kashaya</i>	Alstonia Scholaris	16 parts

STEPS OF PREPARATION:

- Raw drug *Saptaparna* was collected from local areas after proper identification.
- *Saptaparna Twak* were cleaned and dried properly.
- *Saptaparna Twak* were cut into small pieces and was grinded in *Khalva Yantra*.
- Large vessel was taken and 1:8 ratio of *Saptaparna Twak kalka* and *Jala* was kept to boil under medium flame.
- It was reduced to 1/4th part and *Kashaya* was prepared¹⁶.
- A wide-open vessel was selected for *Taila* preparation.
- 4 liters *Tila Taila* was added along with prepared *Saptaparna Twak Kashaya* and later 1 liter of *Saptaparna Twak Kalka* was added to it¹⁷.
- *Taila* was boiled in mild flame and waited till *Sneha Sidhi Lakshana*.

ASSESSMENT CRITERIA

- **Clinical parameters**

Table no.2: Clinical parameters- *Kandu*

No <i>Kandu</i>	Grade 0
Mild <i>Kandu</i> (present but not troublesome)	Grade 1
Moderate <i>Kandu</i> (troublesome but not interfering with normal daily activities or sleep)	Grade 2
Sever <i>Kandu</i> (sever pruritus which is troublesome and normal routine activities will be severely hampered, itching with disturbing sleep)	Grade 3

- **OBJECTIVE PARAMETERS**

Table no.3: Objective parameters-Vaivarnya

No colour change	Grade 0
Mild colour change (Faint and near to normal)	Grade 1
Moderate colour change (blanching and red Colour)	Grade 2
Shyavata	Grade 3

- **Total effect**

Table no. 4: Assessment of total effect

Gunaalabha	0
Kinchithshamana	1 – 30%
Amshikashamana	31 – 60%
Prayikashamana	61- 99%
Shamana	100%

OBSERVATION:

In the present study, 30 patients fulfilling the inclusion criteria were randomly selected and studied. Each patient was observed thoroughly and the observations are recorded with necessary charts and graphs. Analysis of age incidence of 30 patients suffering from *Kaphaja kushta* shows more number of patients between the age group of 36 to 45 years i.e. 23.33%. Analysis of duration of 30 patients of *Kaphaja kushta* shows, 50% patients with 2 to 5 years duration, 33.33% patients with less than 1 year, 6.6% of patients more than 6 years to 10 years and more than 16 years of duration and 3.3% of patients with 11 years to 15 years of duration. Analysis of *Vyadhibala* of 30 patients of *Kaphaja Kushta* shows, 60 % of condition were having *Madhyama Vyadhibala*.

The treatment was given for 14 days with *Saptaparna Taila Abhyanga* which had significant result. The treatment modalities are safe and are of therapeutic value. The outcome of the treatment indicates that patients have shown marked improvement in all criteria of assessment of *Kaphaja Kushta*.

DISCUSSION:

Discussion is the most important part of any research work. It comprises of logical reasoning of the observations and discussion of the results. *Acharya Charaka* in *Siddhithana* 2nd chapter says that, despite of directions laid, a scientist should use his power of logic regarding the facts because without logical thinking if one gets success it is purely by chance. Discussion is a bridge that connects the findings with conclusion. Proper discussion can only fulfil the purpose of research work which draws the conclusion from the findings and results. Thus, it is the main substratum of any type of research work.

Vaivarnya, Shaitya, Kandu, Sthairya, Utsedha, Sneha, Kledatha and Krimi are due to *Kapha Dosha*. *Saptaparna Taila* has *Kashaya and Tikta Rasa, Ushna Veerya* and *Sara Guna* which helps in reducing the aggravated *Kapha*.

Effect on vaivarnya (Shwaitya)

Statistical analysis showed that the mean score of 2.80 before the treatment was reduced to 1.43 after the treatment and increased to 0.70 after follow up with 75% improvement on follow up and the result is statistically highly significant at $P < 0.0001$.

Effect on kandu

Statistical analysis showed that the mean score of 2.93 before the treatment was reduced to 1.86 after the treatment and reduced after follow up with 95.5% improvement on follow up and the result is statistically highly significant at $P < 0.0001$.

Effect on sthairya

Statistical analysis showed that the mean score of 0.30 before the treatment was reduced to 0.20 after the treatment and 0.13 after follow up with 56.66% improvement on follow up and the result is not quite statistically significant at P value 0.090.

Effect on *Utsedha*

Statistical analysis showed that the mean score of 1.63 before the treatment was reduced to 0.83 after the treatment and 0.17 after follow up with 89.57% improvement on follow up and the result is extremely statistically significant at P value < 0.0001.

Effect on *Sneha*

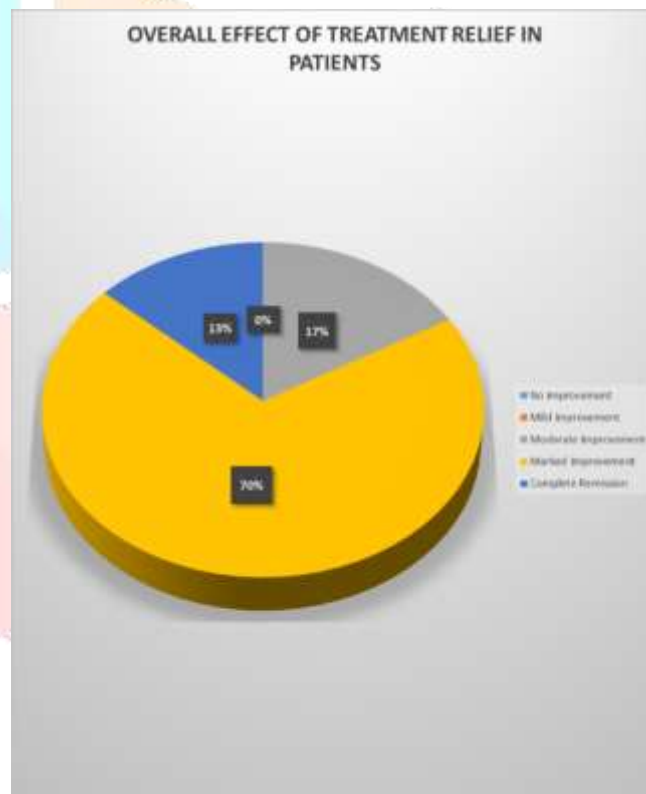
Statistical analysis showed that the mean score of 0.23 before the treatment was reduced to 0.13 after the treatment and 0.23 after follow up with 100% improvement on follow up and the result is not quite statistically significant at P value 0.0897.

Effect on *Kleda*

Statistical analysis showed that the mean score of 0.07 before the treatment was reduced to 0.04 after the treatment and 0.07 after follow up with 100 % improvement and the result is not statistically significant at P value 0.3256.

Overall effect of treatment:

In overall effect of treatment in *Kaphaja Kushta*, out of 30 patients in the study, 5 patients (16.66%) had moderate improvement, 21 patients (70%) had marked improvement and 4 patients (13.33%) had complete remission. Overall effect of the treatment is 68.775 %.



The treatment given was *SAPTAPARNA TAILA ABHYANGA* which had a significant result. The treatment modalities are safe and are of therapeutic value. The above said observations indicates that patients have shown marked improvement in all criteria of assessment of *Kaphaja Kushta*.

CONCLUSION:

The following conclusions are drawn from the clinical study undertaken with *Shamana* in *Kaphaja Kushta* through *Saptaparna Taila Abhyanga* at K.V.G. Ayurveda Medical College and Hospital, Sullia. Accurate figures for below conclusions are discussed and given at Discussion part.

1. *Nidana* like *Viruddhaahara*, increased intake of *Dadhi*, *Maasha*, *Matsya*, *Ksheera*, *Tila*, *Guda* and *Kulattha*, *Atisantapa* and *Diwaswapna* were the most etiological factors found in the patients in this study.
2. *Saptaparna Taila* gave marked improvements in *Vaivarnya* (75%), *Kandu* (95.5 %) and *Utsedha* (89.57%). It is statistically significant.
3. In this study, it was recorded that the age group between 16 to 25 years were more affected with *Kaphaja Kushta*.
4. The present study has shown significant results in *Doshadikyata* out of 30 patients, 17 patients had *kaphadhika* symptoms, in which 4 patients (23.53%) had moderate improvement, 11 patients (64.70%) had marked improvement and 2(11.76%) patients had complete remission.
5. *Saptaparna Taila* has proved more significant in patients having chronicity less than 1 year, showing that this *Yoga* has better result in recently originated disease. In patients having chronicity less than 1 year, out of 33.33%, 66.66% had complete remission and 33.33% had marked improvement. 15 patients were found to be having chronicity from 2 year to 5 years out of which, 12(80%) had marked improvement and 1(6.66%) patient had complete remission.
6. The study was found to be more effective in *Avara Vyadhibala* patients - out of 6 patients, 4(66.66%) patients had complete remission, 2 (33.33%) patients had marked improvement.
7. Overall the treatment showed result 68.755% in relieving *Kaphaja Kushta*, showing statistically highly significant result (P Value <0.0001) on symptoms *Vaivarnya*, *Kandu* and *Utsedha*.
8. The present study was carried for a limited time and it showed encouraging results.

Thus, we can conclude that *Saptaparna Taila Abhyanga* is more effective in subsiding symptoms of *Kaphaja Kushta* i. e., *Vaivarnya*, *Kandu* and *Utsedha*.

Limitations of the study:

The size of sample and time period was small to draw a generalized conclusion. Though *Abhyanga* was given after *Virechana*, it is mentioned in the classics that *Lepa* or *Abhyanga* is to be done after *Shodana*, *Rakta Mokshana* and *Ghrustana*. Hence, if the *Abhyanga* was done after *Shodhana* and *Ghrustana* may be the results would have been better.

Suggestions for the future study:

- This drug showed good results, so it can be taken for further study in comparison with other medicine.
- This drug showed good results, so it can be taken for further study where *Abhyanga* is done after classical *Shodana*, *Rakta Mokshana* and *Grustana*
- *Saptaparna Taila* is also beneficial in other *Doshas* also as it is *Tridosahara*, so the drug can be taken for other clinical trials.
- Treatment has shown good effect on *Kaphaja Kushta*, but study is conducted on small sample size, so further it should be done on large sample size.

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