

## A Case Study: Vipadikahara Grita Taila as a Remedy for Vipadika Skin Disease

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### Abstract

*Vipadikahara grita taila* is a specific medicated oil, used externally to treat the “*Vipadika*” skin disease. According to Ayurveda, fissures and cracks in the feet and hands with severe pain are the symptoms of *Vipadika*. The aim of the present study was to evaluate the effectiveness of *Vipadikahara grita taila* on *Vipadika* skin disease. Herewith, reporting a case of 58-year-old female house wife who was presented for the treatment of bilateral large cracks and fissures in feet since 1999. According to clinical presentation, this case demonstrated *Vipadika* skin disease (a type of *Ksudra kushta* according to Ayurveda aspect). Standardized *Vipadikahara grita taila* was applied over the affected area twice a day: morning and evening in dried feet after washing with Luke warm water for 6 weeks duration. The lesions were progressively cured during the treatment period and gradually the skin of the feet became almost normal. The present study has proven that *Vipadikahara grita taila* can be used externally as an effective medicated oil to manage *Vipadika* skin disease.

**Keywords:** *Vipadikahara Grita Taila*; Medicated Oil; *Vipadika* Skin Disease

### Introduction

*Vipadika* skin disease has symptoms of fissures and cracks in the feet and hands with severe pain. *Vipadikahara grita taila* is a medicated oil which was mentioned in *Caraka Samhita* in *Kushta chikitsa* [1] as a treatment for five types of skin diseases such as, *Vipadika*, *Carma kushta*, *Eka kushta*, *Kitibha* and *Alaska*. Medicinal plants and other ingredients of the *Vipadikahara grita taila* are *Leptadenia reticulata* (Retz) Wight (family: Asclepiadaceae), *Rubia cordifolia* Linn Syst (family: Rubiaceae), *Berberis aristata* DC. Syst., (family: Berberidaceae), *Mallotus philippinensis* (Lam.) Muell. Arg.

(family: Euphorbiaceae), Cow’s milk, Bee’s wax, Resin of *Shorea robusta* Roth (family: Dipterocarpeae), Sesame oil (family: Pedaliaceae) and cow’s ghee [2]. *Vipadikahara grita taila* was prepared at the Pharmacy, Institute of Indigenous Medicine, University of Colombo, and Rajagiriya, Sri Lanka according to the oil preparing method described in Ayurveda pharmacopoeia: In brief, dirt free plant materials were mixed with water and the mixture was heated using mild flame until the volume of water reduced to one fourth of the original volume. Then cow’s milk and Sesame oil was added and allowed to reduce the volume further. After that, the mixture was filtered through a muslin cloth and added Bee’s wax and resin of *Shorea robusta* when the content was in hot.

Furthermore, quality assessment of *Vipadikahara grita taila* was carried out according to standard protocols [3,4]. In the present study, an attempt was taken to investigate the efficacy of *Vipadikahara grita taila* on *Vipadika* skin disease.

A female house wife (age: 58 years) was brought by her relatives to Outpatient Department (*Kayachikitsa* clinic) at Ayurveda Teaching Hospital, Borella, Sri Lanka in the year 2014. She had complaints of bilateral large cracks and fissures in feet with pain, burning sensation, roughness from 05 years. Initially, it was started from the site of the heels and gradually spread to the other part of the foot. Even though there were exacerbations and remissions during disease period, she felt severe pain throughout the day and night. When the cracks were particularly bad, she felt fever and walking difficulty. According to her experience, when she consumed foods such as tomato, salmon, toona fish and vinegar added curries, fissures and cracks and pain got worse. Her vitals were stable with Height - 147 cm, Weight - 58 kg, B.P. 120/80 mm of Hg. Allopathic medicine provided some relief at the beginning and it was not permanent. Therefore, she has sought Ayurveda treatment. Other than this skin problem, the patient has reported that she was in good health. According to symptoms, this case demonstrated a classical presentation of *Vipadika* skin disease. During the examination, it was revealed that patient was free from the symptoms of diabetes mellitus, hypertension, and chronic lung disease, malignancy, sensitivity reactions to

the medicated oils and *Vipadika* with secondary infections. Further, the patient did not consume any topical steroid/s for a longer period. Furthermore, there was no family history of such skin disease or any other type of skin diseases.

## Methodology

The present study was conducted at Ayurveda Teaching Hospital, Borella, Sri Lanka in the year 2014. Ethical approval was obtained from an ethical review committee of Institute of Indigenous Medicine, the University of Colombo, Sri Lanka (Re. No: 12/06). Consent of the patient was taken before starting the treatment. The patient was advised to apply the oil over the affected area twice a day: morning and evening in dried feet after washing with Luke warm water (duration was 6 weeks and volume of the oil was 60 mL per week). The patient was reviewed once a week at the clinic in Ayurveda Teaching Hospital. The patient was advised not to apply any other remedy on the skin lesion during the study period and also not to apply the test drug on the day of assessment. The follow-up period was 03 months.

The evaluation was based on the reduction of the cardinal symptoms and healing of wounds by measuring the length, width, depth, and number of ulcers. Assessments of cardinal symptoms were carried out by using a Numeric Rating Scale as given below.

### Under symptom Itching

No itching	0
Mild itching (only aware of itching when relaxing)	1
Moderate (sometime disturb the sleep and day time activity)	2
Severe (constant itching, frequent sleep disturbance)	3

### Under symptom Roughness and Dryness

Insignificant dryness at the foot/palms	0
Roughness is present when touching	1
Excessive roughness presents and leading to itching	2
Excessive roughness presents and leading to slight cracks	3
Roughness leading to cracks and fissures	4

### Under symptom Cracks

No cracking	0
Length of the crack is less than 1 cm	1
Length of the crack is between 1.1 cm and 1.5 cm	2
Length of the crack between 1.6 cm and 2 cm	3
Length of the crack is between 2.1 cm and 3 cm	4
Length of the crack is more than 3cm	5

### Under symptom Pain

No pain	0
Mild pain of easily bearable nature, comes occasionally	1
Moderate pain, but no difficulty	2
Appears frequently and requires some measures for relief	3
Pain requires medication and may remain throughout the day	4
More difficulty: pain is severe, disturbing sleep and requires analgesics	5

### Under symptom Burning Sensation at the affected site

No burning at the affected site	0
Mild burning at the affected site but bearable nature comes occasionally	1
Moderate burning at the affected site, but no difficulty	2
Burning present all over the day: requires some measures for relief (water)	3
Requires some medical applications but may remain throughout the day	4
More difficulty and burning is severe, disturbing sleep	5

Overall results related to observations for the patient (final assessment) was done as follows:

1. Complete remission: 100% relief in the signs and symptoms.
2. Marked improvement: more than 76% relief in the signs and symptoms.
3. Moderate Improved: 51-75% relief in the signs and symptoms.
4. Improved: 26-50% relief in the signs and symptoms.
5. Unchanged: Below 25% relief in the signs and symptoms

After completing the treatment, the patient was kept for further three-month under the supervision as a follow-up study.

## Statistical Analysis

Assessment criteria were based on the effect of the treatment. Thus, evaluation was based on the reduction of the cardinal symptoms. Physical findings were evaluated before treatment, during the treatment, and after treatment and calculated separately and compared statistically using Mann Whitney u test. The results were expressed as mean  $\pm$  SEM. Finding of  $P < 0.05$  were considered to indicate statistical significance.

## Results and Discussion

The lesions were progressively cured during the treatment period and gradually the skin of the feet became almost normal (Figure 1). The length, width and the depth of the lesion were reduced in 89.8%, 90.0%, and 90.3% respectively. In addition, itching, roughness, fissures, pain, oedema, burning sensation, the eruption of papules, dark shade and redness in the affected site were also considerably reduced with the treatment. Wound healing properties of this medicated oil would directly help to cure these fissures. Interestingly, this medicated oil also has promising antibacterial property in addition to the wound healing property [5].

Further, after applying oily preparations, it should remain on skin for sometimes [6]. The selection of an optimum base for the topical preparation is extremely essential in Ayurveda as it provides easy access to the active principles of the drugs up to the deepest stratum of the skin. Absorption of substances through the skin depends duration of contact and on the solubility of medication. In this study, *Vipadikahara grita taila* was applied morning and evening after cleansing the wounds. Therefore, it remains several hours in the skin.



*Vipadikahara grita taila* is rich in phenolic compounds, tannins, saponins, steroid glycosides and coumarin. Therefore, it possesses high medicinal value though it contains less number of medicinal plants [4] and helps to heal wounds in many ways such as analgesics, anti-inflammatory, and antimicrobial activities. Since *Vipadikahara grita taila* is rich in phenolic compounds, which facilitate the wound healing.

### Conclusion

Present case study had proven that *Vipadikahara ghrita taila* can be used externally as an effective medicated oil to manage the *Vipadika* skin lesion.

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6. Absorption (skin).