CASE REPORT

KAPHAJA TWAK VIKARA – A CASE STUDY

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Summary:

Now a day’s occurrence of skin diseases are more because of the altered life style consisting of taking the incompatible foods, mixed foods, lack of exercise, exposure to unhealthy environment etc. Skin diseases are manifested because of the bacterial infection, viral infection, fungal infection, parasitic infection and causing different skin manifestations like dermatitis, folliculitis, erysipelas, etc., though modern science has been established as a major medical system and having controlling the emergency conditions. Ayurveda (the life science) having role not only in the prevention of diseases but also helpful in curing the chronic iseases especially like skin disorders. In this study a single clinical trial with pre test follow up and post test assessment was done with shodana and shamana treatment which include sadyovamana and sadyovirechana. Internally Arogyavardini vati, khadirarista, combined churna yoga and mahamarichyaditaila with healthy life style was also advised. In the present study it can be concluded that shodana and shaman therapy with life style modification helps in curing. It is a safe and effective treatment for kaphajatwak vikara.

Keywords: skin disease, kaphajatwakvikara, shodanachikitsa, shaman chikitsa, life style modifications.

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INTRODUCTION
Increasing modern food technology and advancement of civilization are taking people to change life style and causing life style related skin diseases. Most of the skin disorders are developed from abnormal functioning of the agni, Faulty dietary habits like incompatible foods , irregular meals pattern and habits like smoking ,alcohol, psychological stress and also by the infection etc., . In ayurveda all the skin disorders are explained under the heading of kushta in which hetu, lakshana, and chikitsasiddanta has been narrated. The kaphajatwakvikara is one of the major disease caused by the mityaahara and vihara ( kapha aggravating factor) and it is increasing day by day. So in this vikara, shodana and shamanaaushadichikitsa with life style modification was also advised.

CASE HISTORY
A 21 year old male patient complaining of kandu, (itching sensation over groin region, penis, buttock region, and below the umbilicus), twakvaivarnya (reddish discoloration with mild discharge), and other associated symptoms like anidra (loss of sleep) was also present since 18 months. The patient life style history was also taken regarding the food habits, exercise, sleep etc., exhibited altered life style , patient was visited many modern hospitals and took medicine but was not satisfied by the treatment hence to get solution for his problem he approached to SVPRAMC & H BADAMI.

Diagnostic criteria
kandu, (itching sensation over groin region , penis, buttock region , and below the umbilicus), twakvaivarnya (reddish discoloration with mild discharge).

Method of collection of data analyze
The general kayachikitsa case sheet Proforma was preferred which contains lifestyle of the patient and who comes under the diagnostic criteria were collected. Pre and post test assessment was done based on the symptom gradation.

Intervention
Shodana
Sadyovamana- yastimadhuphanta and nimbaphanta.
Sadyovirechana – gandarvahastaerandataila with sukoshnajala.
Again after 15 days Sadyovamana-yastimadhuphanta and nimbaphanta.
Sadyovirechana – gandarvahastaerandataila with sukoshnajala was repeated.

Shamana
Arogyavardinivati 1tid with sukoshnajala
Khadirarista 3tsp with Luke warm water
Mahamarichyaditaila application at night
Yashtyadi churna yoga with gomutra
Table 1 Yashtyadi yoga ingrediants

<table>
<thead>
<tr>
<th>DRAVYA</th>
<th>PRAMANA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yastimadhuchurna</td>
<td>10gram</td>
</tr>
<tr>
<td>Nimbachurna</td>
<td>10gram</td>
</tr>
<tr>
<td>Triphalachurna</td>
<td>10gram</td>
</tr>
<tr>
<td>Haridrachurna</td>
<td>5gram</td>
</tr>
<tr>
<td>Trikatuchurna</td>
<td>5gram</td>
</tr>
<tr>
<td>Manjistachurna</td>
<td>5gram</td>
</tr>
</tbody>
</table>

Table 2 Assessment criteria

<table>
<thead>
<tr>
<th>SL NO</th>
<th>Lakshana</th>
<th>BT</th>
<th>AT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>KANDU</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>TWAK VAIVARNYA</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Discussion

Table 3 Shodhana drugs used

<table>
<thead>
<tr>
<th>Sl.n o</th>
<th>Dravya</th>
<th>Rasa</th>
<th>guna</th>
<th>virya</th>
<th>Vipaka</th>
<th>karma</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Gandarva</td>
<td>Madhura,Snigda,ushna</td>
<td>Madhura</td>
<td>Kaphav</td>
<td>Taila with</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sl. no</td>
<td>Dravya(churna)</td>
<td>Rasa</td>
<td>guna</td>
<td>Virya</td>
<td>vipaka</td>
<td>karma</td>
<td>Dose</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------</td>
<td>------</td>
<td>-----------</td>
<td>-------</td>
<td>---------</td>
<td>-------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>2</td>
<td>Nimba[5]</td>
<td>Tikta, kashaya</td>
<td>Laghu, ruksha</td>
<td>Sheet a</td>
<td>Katu</td>
<td>Kapha pitta hara, krimigna</td>
<td>10 grams</td>
</tr>
<tr>
<td>5</td>
<td>Triphala(haritaki, vibitaki, amalaki)[8]</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Tridosha hara</td>
<td>5gms</td>
</tr>
<tr>
<td>6</td>
<td>Trikatu[9]</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Kaphava tahara</td>
<td>5gms</td>
</tr>
<tr>
<td>7</td>
<td>Khadira[10]</td>
<td>Tikta, kashaya</td>
<td>Laghu, ruksha</td>
<td>Sheet a</td>
<td>Katu</td>
<td>Kapha pitta hara</td>
<td>3 tsp with water</td>
</tr>
</tbody>
</table>

Table 4 Shamana drugs used
Arogyavardini vati

Katuki, chitraka, shuddashilajatu, triphala, shuddaparada, shuddagandaka, lohabhasma, tamrabhasma, abhrakabhasma

In this study observation was done before and after treatment based on the symptoms gradation and the obtained results are – the kanduta before treatment it was grade1, after treatment reduced to grade0. Twakvaivarnyata before treatment it was grade1, after treatment becomes grade0. Associated lakshana i.e anidra before treatment it was grade1, after treatment becomes grade 0.

So above results shows the significant reduction in the symptoms. The effect of shodanachikitsa, shamanachikitsa and life style modifications which was advised during the course of treatment will be discussed.

In this study the effect obtained by the sadyovamana might be due to dosapratyaniyahodana i.e vamana is always for kapha. the drugs used in sadyovamana are yastimadhuphanta and nimbaphanta. The yastimadhuphanta is act as a vamanopaga&tridosahara& nimbi phanta is a vamakadravya and is having tikta,kashaya rasa, laghu,rukshaguna, sheetavirya, katuvipaka, and kaphahara.

The effect obtained by the sadyovirechana might be due to kostasuddi .the drug used in sadyovirechana is gandarvahastaerandataila with ushnajala as anupana.the eranda is having snigdatikshnasukshmaguna, madhurakasaya rasa & katu as anurasa, madhuravipaka, usnavirya&kaphavatahara.. The combined churna yoga containing all the drugs are having tikta kashaya rasa, laghurukshaguna,katuvipaka&kaphahara ,varnya.

Khadirarista\textsuperscript{[13]} is having tikta kashaya rasa, laghurukshaguna, sheetavirya, katuvipaka, kapha pitta hara & act as a kushtagnaprabhavidravya.
Mahamarichyaditaila[^14] used as external application and is having katuras, laghutikshnaguna, ushnavirya, katuvipaka & kaphavatohara.

Gomutra[^15] is used as anupana and is having madhura rasa & kincitdosagna, kustagna, kandugna.

The lifestyle modification consists of the patya & apatya explained in kushtachikitsa of charakasamhita was advised. These dietary rules might be benefited due to easily digestible regularised food habits, tiktashakas, avoiding guru & kaphavardakaaharas & viharas like exercise & avoiding divaswapna was advised.

CONCLUSION

The sadyovamana, sadyovirechana, combined churna yoga, arogyavardinivati, khadirarista, helps in reducing the symptoms and the lifestyle modification containing aharavihara also helps in decreasing the symptoms and maintaining the healthy life style. Hence the multiple approach treatment was benefited due to multiple actions.

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Conflict of interest: None Declared