



Original Research Article

To Assess Effect of Nidan Parivarjan in the Management of Padadari Vyadhi with Application Sarjaras Malahar

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ABSTRACT

There is a lot of difference between today's life style and ancient life style, hence the applications of ayurvedic principles must be modified and according to new diseases new principles should be searched. For that purpose we have to do research. In persons who are in the habit of too much walking on rough ground without footwear, *vata* gets increased producing fissures in the sole of feet, this is called Padadari. Padadari denotes uncleanliness of sole. Disease 'Padadari' makes the sole rough & hampers beauty & smoothness of foot. So if we know the etiological factors of Padadari we can avoid the disease by easy measures. Diseases of the skin have greater importance. As the world is developing, problems of pollution, improper diet pattern and lifestyle, various allergies etc... are also increasing rapidly. By avoiding specific causes, people can keep their skin healthy or it will help them to cure their skin. Sarjaras malahar is indicated for *Agnidagdha Vrana Daha, Vrana, Dushta vrana Gudapaka, Arsha in samhitas*.

Keyword:- Padadari, nidanparivarjan, Sarjaras malahar.

INTRODUCTION

Ayurveda being a science of life has a on the fundamental Principles of various aspects (which involves various aspects) of life. Though ayurvedic principles are unchallenged; still these principles are not fully explored. There is a lot of difference between today's life style and ancient life style, hence the applications of ayurvedic principles must be modified and according to new diseases new principles should be searched. Ancient principles should be again and again testified, because pure metal regains shining by its polishing. For that purpose we have to do research. In persons who are in the habit of too much walking on rough ground without footwear, *vata* gets increased producing fissures in the sole of

feet, this is called Padadari. (In English = Rhagades, Rhogas, Superficial and deep fissures of sole, crack heel.) Maharshi Sushruta & Madhavnidan explained group of diseases known as '*Kshudraroga*'. padadari is included in that group only. This shows that Kshudra means very small but very severe in pain. This description is very much fit to *Padadari*. If we do not avoid etiological factors of '*Padadari*' it is very much painful.

To maintain the health of people ayurveda has explained dinacharya and ritucharya. Different rules and regulations according to ritu, desh, prakruti, age, kal (day & time), bhumi are given in ayurveda. To prevent disease by before mentioned rules is the concept of dinacharya and

ritucharya. Etiological factors of 'Padadari' are negligence in following rules of dinacharya only. Padadari denotes uncleanliness of sole. Disease 'Padadari' makes the sole rough & hampers beauty & smoothness of foot. So if we know the etiological factors of Padadari we can avoid the disease by easy measures.

As the world is developing, problems of pollution, improper diet pattern and lifestyle, various allergies etc... are also increasing rapidly. That gives rise to increase in occurrence of various skin diseases. Specifically skin diseases do not have firm and total cure in modern medicines, they tend to recur. These kinds of pits & falls of modern medicine where ayurveda can come strong and give total cure to the patient. By avoiding specific causes, people can keep their skin healthy or it will help them to cure their skin. Now a day's recurrence of skin disease is much common thing. By finding specific hetu in patient and by advising hetu parivarjan with treatment, one can conquer on the recurrence & chronicity of these skin diseases, and by means they can cure patient totally, not partially. Why specific, because now a day's all the hetus mentioned in the text cannot be avoided, so if we give specific *pathya-apathya* according to today's lifestyle to patients, that will be easier to act on. Thus patients will not be afraid of pathya and the probability of conducting pathya will be increased, thus the results of treatment will be better.

Aim and Objectives-

1. To assess effect of *nidan parivarjan* in the management of *padadari* with the application of sarjaras malahar thorough examination with sample of two groups of patients.

2. Analysis of effect of hetu consumption & importance of Nidan Parivarjan.

MATERIAL AND METHOD

All patients are selected in Rughnalya. Patients with symptoms of twack – rukshata. Daran (fissures / cracks), Pain, Bleeding the cracks (sometimes)

Selection Criteria:

1. Patients of both Sexes,
2. Patients doing sedentary work field work, housewives, Farmers,
3. Patients consuming hetus of Padadari between age group 10-50 yrs.

Exclusion criteria:-

1. Patients below 10 yrs. & above 50 yrs.

2} Selection of drug-

[Sarjaras Malahar]

Ingredients:-

1. *Tila taila* (sesame oil) – 16

2. *Sarjaras* (Gummy excaudate of plant, *shorea robusta*) = 4 parts

3. *Tutha* (*Ashuddha*) = 1 part

4. *Sphatika* (*Ashuddha*) = 1 part

Method of Preparation:-

Boil the sesame oil. When froth starts appearing add the fine powder of 2-4 ingredients and mix well. This mixture must be collected in a vessel and washed with water 15-20 times each time after adding water it must be rubbed well. Washing must be continued till the rubbed well washing must be continued till the added water became colorless.

Parameters for study:-

Two groups of patients having 50 patients in each group will be made.

★ **Group A:** - Patients in this group will be informed about avoiding *nidan* and along with that Sarjaras Malahar application i.e. group following *pathya*.

Group B: -

Patients are not told about avoiding *nidan* & only sarjaras malahar is given i.e. group not following *pathya*.

For the examination of padadari I have made 8 quadrants of sole.

1. Vertical / longitudinal curve
2. Horizontal curve
3. Base of little finger
4. Starting of hill

I counted no. of cracks in each quadrant in follow up.

(A) Depth of cracks of sole measured with capillaries and no of cracks of sole / sq.cm measured actually in quadrants.

Mild- superficial cracks

Moderate- Depth > 2 mm or No of cracks < 6/cm² or both

Sever – No of cracks > 6/cm² or Depth > 3mm or both, bleeding crack.

(B) Pain & tenderness at rest/ motion.

No pain– (0) No Pain & tenderness on touch and while walking.

Mild- (1) Mild pain on touch

Moderate - (2) Pain at touch & pain while walking.

Severe - (3) Patient will not allow touching and cannot walk

Four follow up each patient are made and according to grading to cracks and pain and tenderness of each patient analysis is made. From that analysis no of cured and uncured patients is calculated. To this number CHI² or x² test at 5% or P- 0.05 level of significance is applied.

From the information of questionnaire consumption of hetus is analysed. Degree of consumption of hetus is decided and from that nidan of padadari in each patient is concluded with the help of

graphical presentation hetus of padadari are described.

Nidan Parivarja :-

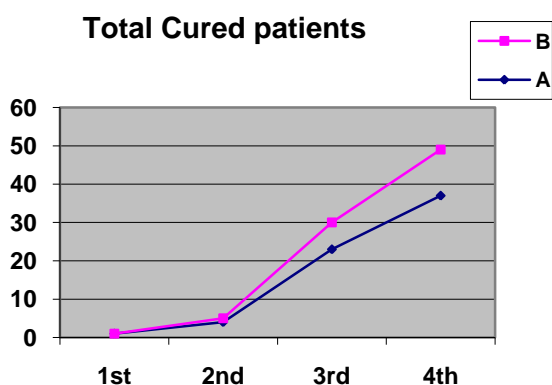
Parivarjan is the important part of Chikitsa, Though only nidan parivarjan is not a complete chikitsa or treatment” but treatment with nidan parivarjan can be a complete cure or apunarbhav chikitsa.

Avoided causes of Cracked Heels:

- Dry skin.
- Prolonged standing.
- Obesity.
- Wearing shoes with an open back.
- Heel Spurs.
- Flat feet.
- Improperly fitting shoes.
- Excessive walking.
- Contact with soil a) bare foot walking b) not cleaning foot c) not using proper shoes.
- Fasting.
- Vataprakopak aahar and vihar.

Observation & Results and Statistical Analysis:

Group	Cured	Uncured	CH ² values at 0.05 level of significance & DF-1	CH ² values IN Table	Inference
A	37	13	20.17	3.84	Highly Significant
B	12	38			



DISCUSSION

Group A. i.e. nidan parivarjan group is higher cure rate than that in group B. In both groups same drug i.e. sarjaras malahar is used. Difference in both the group is nidan parivarjan in group A. From the results of both the groups we can say that

due nidan parivarjan results of both the group differ. As the sarjaras malahar is the same used in both groups. Though it cures the cracks & relieves the pain but for the complete cure or fast cure of patients samprapti bhang is necessary. Hence nidan parivarjan has a major role in padadari samprapti vighatan. By understanding the effect of role of nidan parivarjan in samprapti vighatan we can also understand the role of effect of nidan (i.e. hetu) in samprapti. The extra results obtained in nidan parivarjan group patients confirms the role of nidan in formation of disease.

CONCLUSION

As the treatment is same for both groups, difference is the only that of nidan parivarjan. So when nidan parivarjan is

done, samprapti gets discontinued. This helps the treatment and gives faster results .If we give only treatment as in Gr.B hetu consumption of patients is continued so disease process is also continued.

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