

COMPARATIVE STUDY ON THE EFFICACY OF NIMBAARAGWADHA LEPA AND NIMBAARGWADHA MALAHARA IN PADMINIKANTAKA

[Sindhura R Rao](#)¹, [Soumya Saraswathi M](#)², [Subrahmanya Padyana](#)³

¹Third Year BAMS, ²Professor, Department of PG studies in *Samhitha & Siddhanta*, ³Director, Alva's Traditional Medicine Archive & Research Centre, Alva's Ayurveda Medical College, Moodabidire, Karnataka, India

Corresponding Author: raosindhurar4@gmail.com

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ABSTRACT

Padminikantaka is a significant issue in society. It is compared to *Acne vulgaris* in contemporary science. *Acne* is not successfully combated due to recommence and well-known side effects. *Padminikantaka* is categorized under *Kshudra Roga* by *Acharya Sushruta*. The patient complains of circular pimples, needle-like appearance with pale circular discolouration on face having symptoms of *Kapha-Vata* vitiation like thick, whitish or creamish pus/*Puya*, increased *Vedana* and *Kandu*. *Nimbaaragwadha Lepa* is mentioned in *Kshudra Roga Chikitsa* of *Chakradatta*, which is indicated in *Padminikantaka*. Hence, *Nimbaaragwadha Lepa Churna* is prepared as per classical reference. *Nimbaaragwadha Malahara* was also prepared by modifying the *Nimbaaragwadha Lepa* by following the guidelines of the Ayurvedic Formulary of India. Both the products were standardized, and comparative clinical studies were conducted to analyze the efficacy of *Nimbaaragwadha Lepa* and *Malahara* on *Padminikantaka*. A total of 20 patients of either sex were selected and divided into two groups of 10 patients each. Group A were treated with *Nimbaaragwadha Lepa* and group B with *Nimbaaragwadha Malahara*. The study was carried out for 14 days, observations and results were recorded before, during and after the treatment. *Nimba* being *Pitta-Kapha Shamaka* and *Aragwadha* being *Vata-Pitta Shamaka* gives a total effect of *Tridosha Shamaka* to the formulation. On

examining the results, *Pidaka* has significantly reduced, and this study has attempted in curing the unique skin complaint and both *Nimbaaaragwadha Lepa* and *Malahara* have remarkably cured the *Padminikantaka*.

Keywords: *Padminikantaka*, *Nimbaaaragwadha Lepa*, *Nimbaaaragwadha Malahara*, *Tridosha Shamaka*,

INTRODUCTION

In the modern era, physical appearance affects social responsiveness as it affects overall personality. *Padminikantaka* is a significant issue in society. As its name suggests, it has *Kantaka* like eruptions. *Padminikantaka* is compared to *Acne vulgaris* in contemporary science. *Acne* is a localized skin inflammation as a result of the overactivity of sebaceous glands at the base of specialized hair follicles.¹ According to a survey conducted in 2010, *acne* ranked 8th in the list of most prevalent diseases in the world with a global prevalence of 645 million. Approximately 80% of people are affected by *acne* between the onset of puberty and 30 years of age. By the end of 2026, the number of people affected by *acne* in India is estimated to reach 23 million at a compound annual growth of 0.5 percent². *Padminikantaka* is categorized under *Kshudra Roga* by *Acharya Sushruta*, which is caused by the vitiation of *Vata-Pitta-Kapha* and exhibited in *twak*³. Topical application and oral medicines are the mainstream treatment in contemporary science. But *acne* is not successfully combated due to recurrence and well-known side effects. Hence

considering the prevalence, there is a need for safe, easily accessible, affordable therapy. So, in this present study, *Nimbaaaragwadha Lepa* mentioned in *Kshudra Roga Chikitsa* of *Chakradutta*⁴ is selected. Further, the attempt has been made to convert it into the form of *Malahara* following the standard protocol of preparation, which aids in the skin application removing the problem of consistency of *Lepa* from *Churna*. Hence, the present clinical study was undertaken to compare the efficacy of *Nimbaaaragwadha Lepa* and *Malahara* on *Padminikantaka*.

Patient Information

Patient complaining of *acne*, with discolouration on the face, may or may not be associated with pain, ooze and itch.

Clinical Findings

The patient must have circular pimples, needle-like appearance with pale circular discolouration on face having symptoms of *Kapha-Vata* vitiation like thick, whitish or creamish pus/*Puya*, increased *Vedana* and *Kandu*.

Diagnostic Assessment

The lesions were scaled before and after the study according to the standard IGA-Investigator's Global Assessment of *Acne Severity*.

Reference	0	1	2	3	4
IGA Scale	Clear	Almost clear	Mild	Moderate	Severe

Grading of *Padminikantaka* based on clinical appearance.

Reference	0	1	2	3
No. of <i>Pidaka</i>	0	1 to 5	6 to 10	10<
Size	absent	0- 2mm	3-4mm	4mm<
Shape		circular	elevated edges	irregular
<i>Vedana</i>	no pain	pain on deep pressure	pain on touch	pain without touch
<i>Kandu</i>	no itching	itching rarely	highly itching	
<i>Srava</i>	no <i>srava</i>	<i>lasika</i>	<i>puya srava</i>	
<i>Vivarnata</i>	skin colour	pale	black	red

Therapeutic Intervention

Total 10 patients in each group fulfilling the diagnostic criteria are selected for the evaluation of *Nimbaaragwadha Lepa* and *Nimbaaragwadha Malahara*. The *Nimbaaragwadha Churna* is made into *Lepa* using *Jala* and applied twice daily on the local site of *Padminikantaka*. The *Malahara* is applied twice daily on the local site of *Padminikantaka*. The study is done for

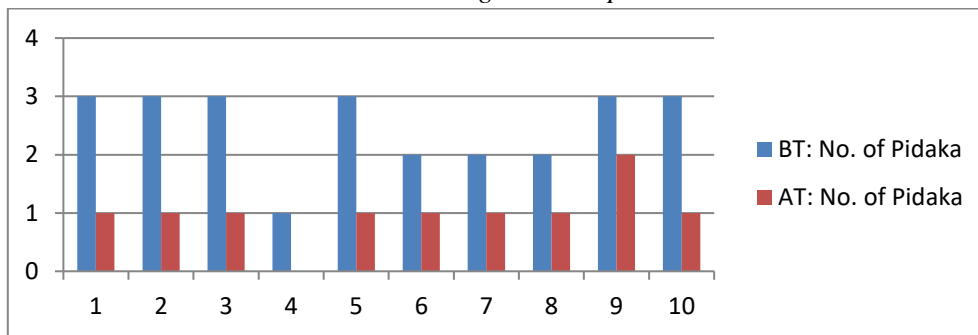
14 days. Observations and results are recorded before and after the study.

Follow-up

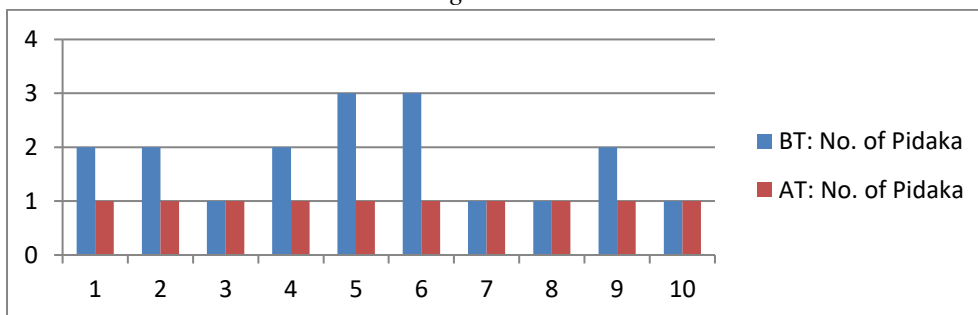
By the application of *Nimbaaragwadha Lepa* and *Malahara*, there are significant changes observed in terms of the Number of *Pidaka*, *Vedana*, *Kandu* and *Srava*.

The details of the observation and results of both the groups are depicted in the bar diagram as follows:

A. Number of *Pidaka*
Nimbaaragwadha Lepa

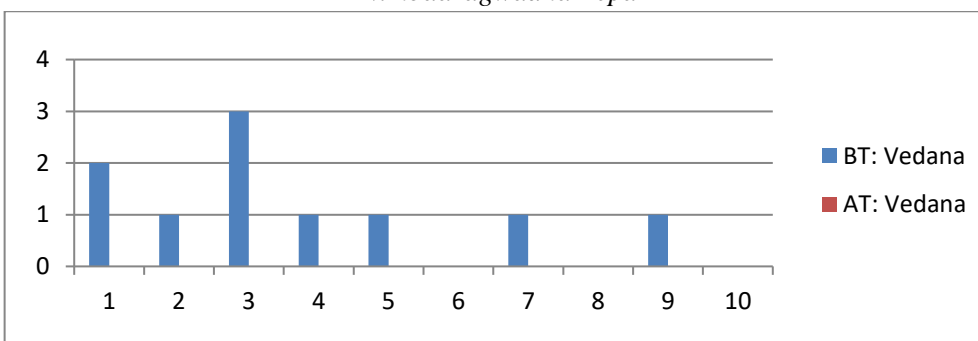


• *Nimbaaragwadha Malahara*

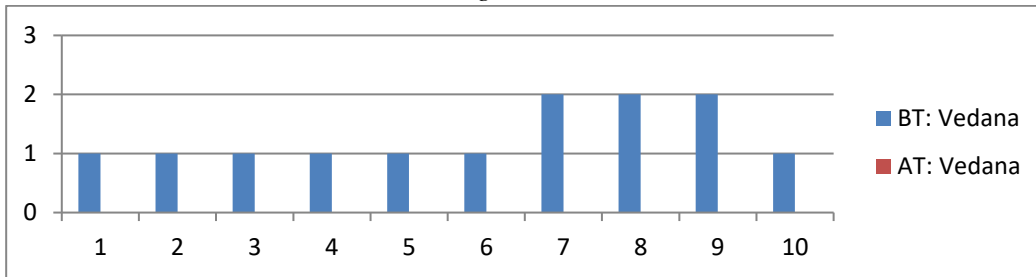


B. *Vedana*

Nimbaaragwadha Lepa

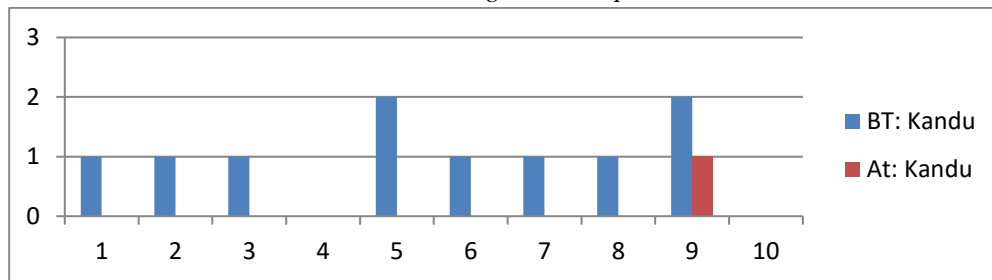


Nimbaargwadha Malahara

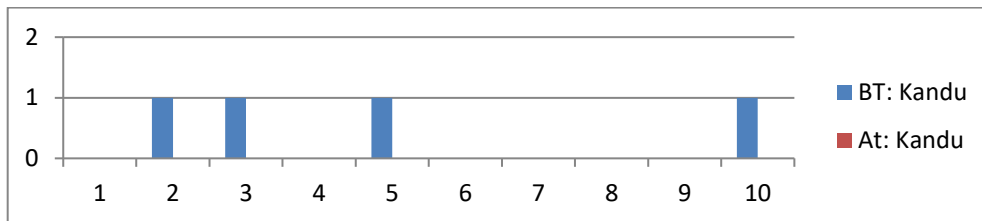


C. Kandu

Nimbaargwadha Lepa

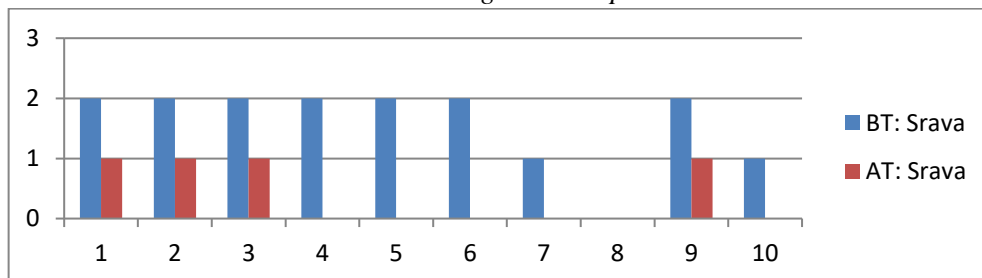


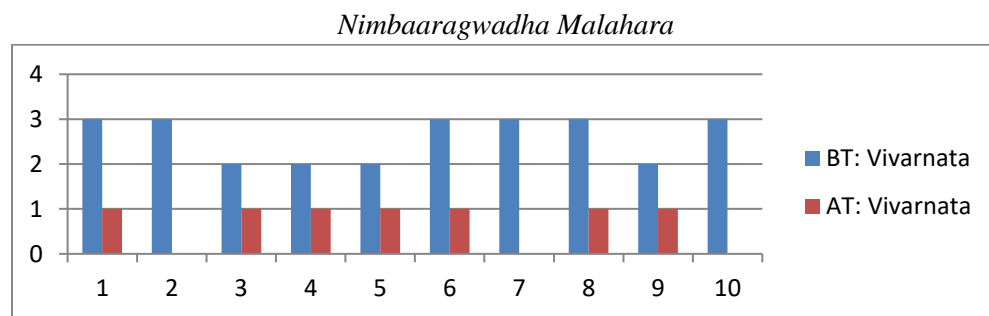
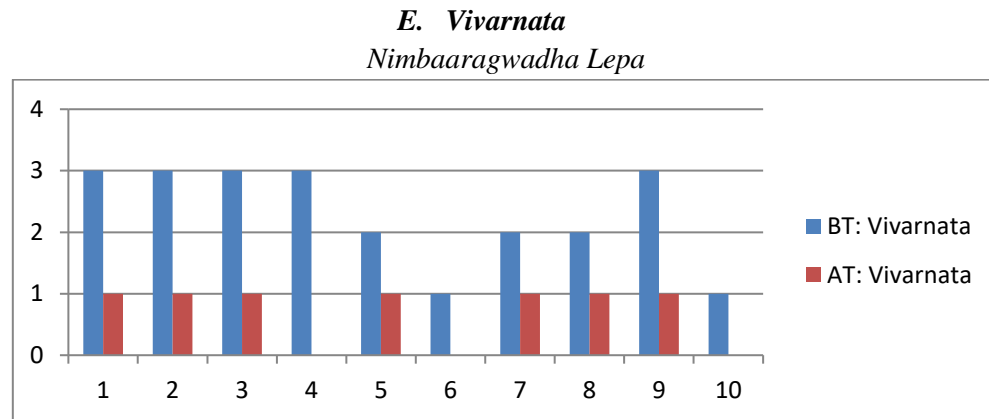
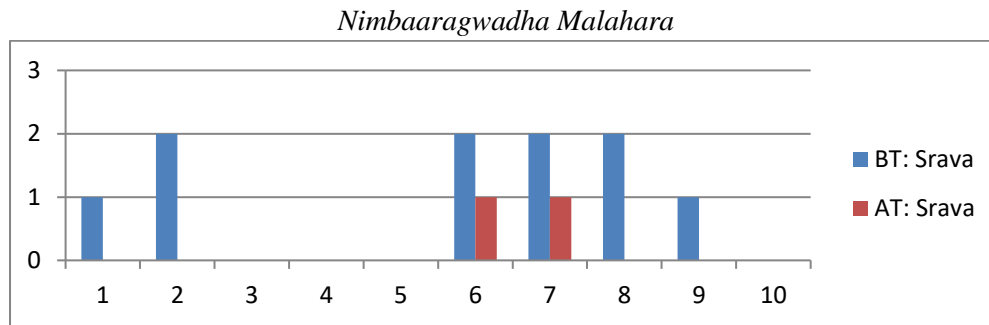
• *Nimbaargwadha Malahara*



D. Srava

Nimbaargwadha Lepa





Results

On examining the results, the number of *Pidaka* is significantly reduced in both *Nimbaaragwadha Lepa* and *Malahara* within the short period of 14 days without any increase or complication after the study. The *Vedana* caused by the *Padminikantaka* was completely cured by the application of both *Lepa* and *Malahara*. Among the 8 patients complaining *Kandu*, 7 was completely relieved by the application of *Nimbaaragwadha Lepa*; whereas by the application of *Malahara*, 4 of the patients complaining *Kandu* were cured completely showing the efficacy of *Malahara* on *Kandu* by 0.12%. Among the 9 patients with the associated

complaint of *Srava*, 5 were completely cured by the application of *Nimbaaragwadha Lepa* and among 6 patients complaining, 4 were completely cured by the application of *Nimbaaragwadha Malahara*, thus showing the efficacy of *Malahara* on *Srava* by 0.11%. Due to the easy applicability of *Malahara* over *Lepa*, it was usually preferred by the patients. Also, a small amount of *Malahara* was sufficient for the application in the affected region.

DISCUSSION

The *Nimba Twak Churna* which is used in the formulation has pharmacological actions of antibacterial, antifungal, antiviral that yield to the *Kustaghna, Krimighna, Kandughna, Sothahara* properties⁵. *Aragwadha Twak Churna* has similar pharmacological actions such as antibacterial, antifungal, antiviral and anti-inflammatory⁶, giving it *Kustaghna, Krimighna, Kandughna* properties. *Nimba* being *Pitta-Kapha Shamaka* and *Aragwadha* being *Vata-Pitta Shamaka* gives a total effect of *Tridosha Shamaka* to the formulation. Thus, the formulation used has also been noticed to cure the redness of the skin along with paleness, in and around the lesions.

CONCLUSION

Even though Acne is not a life-threatening situation, it has influenced the lifestyle of people and clear skin has boosted one's confidence. This study has attempted in curing the unique skin complaint and both *Nimbaaragwadha Lepa* and *Malahara* have remarkably cured the *Padminikantaka* and its associated complaints. Further, its efficacy can be proved by a large number of people. *Nimbaaragwadha Lepa* and *Malahara* can also convert to other recent cosmetic forms like lotions, creams and aiming at Standardizing the formulation.

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