Original Research Article

CONCEPTUAL AND APPLIED STUDY OF VISHESHA W.S.R. TO MANAGEMENT OF CHARMAKEELA

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Abstract:
These six are named as *Satbhava padartha* by *Vaishishika darshan*. Among these *Satpadarthas Samanya* and *Vishesha* are the two main principles of *Ayurveda*. Fundamental principles are the main pillars of Ayurvedic medicinal therapy. Principle of *Vishesha* is also one of these valuable principles. *Vishesha* is meant for diminution of all Vitiated, all existing materials. *Cakrapani* explained in his commentary that *Vishesha* is a differentiating intelligence.

A disease can only be developed either by *Vriddhi* or *Kshaya* of natural *Doshas*. If we want to treat any disease, we have to either elevate or diminish these vriddha or *Kshayit doshas* to get equilibrium which is the main line of treatment in *Ayurveda*. Concept of *Vishesha* has been extracted from *Vaisheshik Darshan*. *Maharishi Kanad* has described *Vishesha* as one of the *"sat-padarthas"*. These *"sat-padarthas"* are to get *abhyudaya* i.e. prosperity in life and *nishreyasa* i.e. ultimate goal. *Carak* has firstly described the applied concept of *Vishesha* in *Carak samhita*. While commenting on *Carak samhita acharya Cakrapani* described the three types of *Vishesha* as *Dravya Vishesha, Guna Vishesha*, and *Karma Vishesha.*

The concept of *Vishesha siddhant* can be applied in any type of disease which can occur due to vitiation of *Doshas*. *Charmekeela* is the growth like formation on the external surface of *Twacha* due to *Prakupit vyanvayu* along with *Kapha* and has been taken as trial disease in this study.

To fulfill the objectives of study patients of *Charmakeela* attending the opd of skin care unit, R.G.G.P.G.Ay.college,Paprola,H.P. were selected and were divided into two groups.In group 1 decoction of *Lekhniya mahakashaya* in the the dose of 40 ml twice a day was given and in group 2 decoction of *Lekhniya mahakashaya* 40 ml along with local application of *Apamarga pratisarniya kshara* was done. Total duration of trial was 1 month. Patients were asked to come at every 15 days for follow up.

Group2 has shown the markedly improvement in the cardinal symptoms of *Charmakeela* rather than group1. There was no significant change in hematological profile and lipid profile other than serum cholesterol of the patients before and after the trial. Decrease in serum cholesterol was significant before and after the trial.

Key words*:Vishesha Siddhanta,Charmakeela,Lekhaniya Mahakashaya, Apamarg kshara.*

Introduction:

Dharma, Artha, Kama, and *Moksha* are four goals and important requirements and are also aimed to inspire and drive the man to make the fullest use of this life, enjoy without attachment, achieve an internal state of balance and harmony and earn an almost permanent bliss here and after. Among these *"Purusharth chatustaya" Artha* and *Kama* are worldly requirements and *Dharma* and *Moksha* are the ultimate goal of life. Diseases have always been the greatest obstacle to achieve them. Our *rishis* and *munis* were always been in search of solution for the human welfare. *Ayurveda* is the only way to get rid of all types of *Dukha*. The evolution and development of each science could be attributed to the necessity of the time. It is the same with medical science.

There are the two aims of *Ayurveda* i.e. to protect health of the healthy and to alleviate the disorders of the diseased. These aim can only be fulfilled by maintaining the equilibrium state of our body. All the functional and structural units either *Dosha, Dhatu or Mala* should be in equilibrium state. Any disturbance in this equilibrium leads to the disease.

Caraka says that disturbances in *dhatus* is a state of disease and equilibrium is *Prakruti.* *Cakrapani* defines *prakruti* as healthy state or state of *arogya.* Health is *Sukha* and disease is *Dukha.*It means these six are the main materials and methods for *Dhatusamya.* These six are named as *Satbhava padartha* by *Vaishishika darshan*. Among these *Satpadarthas Samanya* and *Vishesha* are the two main principles *of Ayurveda.* Fundamental principles are the main pillars of ayurvedic medicinal therapy. *Ayurveda* has its strong roots in its own basic principles. Principle of Vishesha is also one of these valuable principles.

Vishesha is meant for diminution of all Vitiated, all existing materials, *Cakrapani*

explained in his commentary that *Vishesha* is a differentiating intelligence.

A disease can only be developed either by *vriddhi or kshaya* of natural *doshas.* If we want to treat any disease, we have to either elevate or diminish these *vriddha* or *kshayit doshas* to get equilibrium. There are two main principles that is *Samanya* and *Vishesha* for this purpose. *Samanya* is for elevation and Vishesha is for diminution of *Vriddha.*

Carak has firstly described the applied concept of *Vishesha in Carak samhita.* While doing commentry on *Carak samhita acharya Cakrapani* described the three types of Vishesha as follows :

   i.   *Dravya Vishesha*
   ii.   *Guna Vishesha*
   iii.   *Karma Vishesha.*

The concept of *Vishesha siddhant* can be applied in any type of disease which can occur due to vitiation of *doshas.* Now a days people are very conscious about their out look and appearance. *Charamkeela* is a disease which is cosmetologically unwanted. It is the growth like formation on the external surface of *Twacha* due to *Prakupit vyanvayu* along with *Kapha.*

Aims and objectives:

- Conceptual study of *Vishesha* w.s.r. to Management of *Charmakeela* as described in various Ayurvedic, philosophical and modern dermatological texts.
- The clinical study will be done to evaluate the effect of *Pratisarniya kshara* and *Lekhniya Mahakasaya* in the patients of *Charmakeela* under the supervision of guide and co-guide.

Material and method:
A total of 30 patients in two groups each of 15 patients of *Charmakeela* were registered from OPD and Skin care unit in P.G. department of *Samhita evum Siddhant* of R.G.G.P.G. Ayu. College and Hospital Paprola, Distt. Kangra (H.P,) irrespective of their sex, caste etc. Out of 30 patients only 24 have completed the trial and divided into two groups taking into consideration the inclusion and exclusion criteria.

Inclusion criteria:

Patients willing to participate in the trial, of any age other than infants irrespective of sex and having following signs and symptoms of *Charmakeela* will be taken for clinical study:

Granthitva	Growth like structure
Raukshyatva	Roughness
Kharatva	Dryness
Krishnatva	Hyperpigmentation
Nistoda	Burning sensation

Exclusion criteria:
Patients unwilling to participate in the trial, Infants, suffering from severe systemic illness and having any local secondary infection.

Laboratory investigation:
Blood -Hb, TLC, DLC, ESR, FBS, Lipid profile
Urine- Routine,Microscopic

Ethical approval: The research proposal was approved by *INSTITUTIONAL ETHICAL COMMITTEE* held on 15-03-2011 in Paprola, H.P.

Treatment protocol:
- **Group 1:** Decoction of *Lekhniya mahakashaya* in dose of 40 ml twice a day for 1 month
- **Group 2:** Decoction of *Lekhniya mahakashaya* in dose of 40 ml twice a day for 1 month along with local application of *Apamarg pratisarniya* once ,repeated when needed.

Follow up - After every 15 days.
Drugs:
There are 2 drugs selected for the trial in this study. One is *Lekhniya mahakashaya* and the other is A*pamarg pratisaya kshara.*

Lekhniya mahakashaya
These ten drugs are the ingredients of *Lekniya mahakashaya*. All drugs are in *sama bhaga* In which *karanja* has been taken as *pratinidhi dravya* of *chirbilva* and *shwet vaccha* as that of *hemvati* by *chakrapani*.

Table no. 1- list of lekhniya mahakashaya drugs

Sr. No.	Name of plant	Latin name
1.	Mustak	Cyperus rotundus
2.	Kustha	Saussurea lappa
3.	Haridra	Curcuma longa
4.	Daruharidra	Barberis aristata
5.	Vacha	Acorus calamus
6.	Ativisha	Aconitum hetrophyllum
7.	Katurohini	Picrorrhiza kurroa
8.	Chitrak	Plumbago zeylanica
9.	Karanja	Pongamia pinnata
10.	Shweta vacha	Iris insata

Apamarga pratisarniya kshara
*10 kg Apamarga panchanga*   *Gomutra* to dissolve *ksharodak*

50 gm *Shankhnabhi Bhashma*,
15 gm each *Sudhashama Bhashma, Shukti Bhashma,Bhashma Sharkara Shudha Hartal, Shudha manahshila, Saindhava, Sauvarchala, Bid Lavana,Samudga Lavana,Romaka Lavana, Swargika Kshara, Langali Churna,Chitraka Churna,Ativisha Churna,Vaccha Churna,Hingu Churna, Karanja Patra Churna, Dhattur Churna, Kanak Kshiree Churna.*

Criteria for assessment

All the patients were examined at every 15 days during the treatment. The improvement provided by the therapy was assessed on the basis of relief in the sign and symptoms of the disease *Charmakeela*, any changes in the pathological status wasl also be taken into consideration. All the sign and symptoms were assigned numerical score depending upon their severity to assess the effect of the drug objectively before and after the treatment. *Granthitva* was scored 0,1,2,3 as no, soft, hard and very hard respectively while *raukshyatva, kharatva, krishnatva and nistoda* were scored 0,1,2,3 as no,mild,moderate and severe respectively.

Symptoms wise distribution of 24 patients of *Charamkeela*

Bar diagram no. 14- Symptoms wise distribution of 24 patiens of Charamkeela
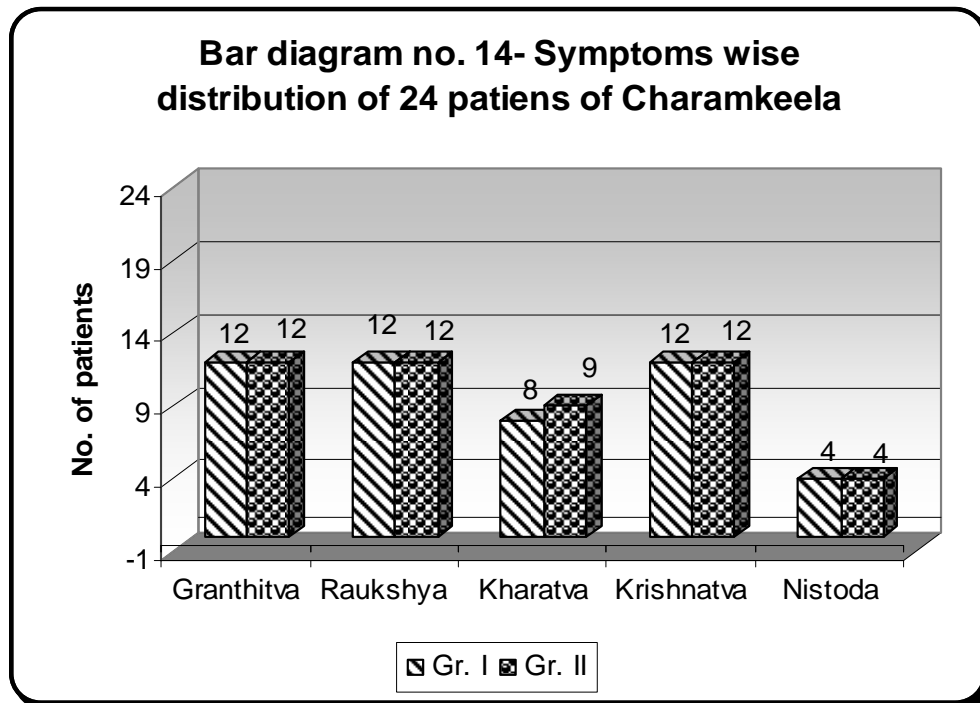
Statistical analysis

The results so obtained were assessed and analyzed statistically mainly on the recorded scores of sign and symptoms and also before and after the treatment. Unpaired 't' test was applied in the datas . For analysis "IBM SPSS Stastistics v20-64bit"software was used . The obtained results were interpreted as follows

- Insignificant >.05
- Significant <.05 >.01
- Highly significant <.01, >.001

Observation and result:

In the present study total 30 patients in two groups each of 15 patients of *Charmakeela* were registered. The patients were registered from OPD and skin care unit in P.G. department of *Samhita evum Siddhant* of R.G.G.P.G. Ayu. College and Hospital Paprola, Distt. Kangra (H.P,). Out of 30 patients only 24 have completed the trial, 6 patients could not complete the trial as they did not return back on the scheduled time for the evaluation.

100 % patients were having *granthitva, raukshyatva ,krishnatva,* 66.6% were having

kharatva and only 33.3% were having *nistoda* as sign and symptoms of charmakeela.

Sr. No.	Symptoms	No. of patients of Gr. I	Percentage	No. of patients of Gr. II	Percentage
1.	Granthitva	12	100	12	100
2.	Raukshya	12	100	12	100
3.	Kharatva	8	66.66	9	75
4.	Krishnatva	12	100	12	100
5.	Nistoda	4	33.33	4	33.33

The trial medicine did not show any significant effect on the hematological status of the patients participated in the trial. All the variables exhibited a very little change after the completion of the trial which was not significant. The trial medicine did not show any significant change in triglycerides, HDL LDL and VLDL of patients. Mean of serum cholesterol before trial was 177.3333 and after the trial was 157.08333. This change was significant $(P > 0.001, < 0.05)$.

Effect of The Trial Medicines on 24 Patients:

Laboratory investigatin	Mean score BT	AT	S.D.	S.E.	't'	P
Hb (gm%)	11.2667	11.3167	.41010	0.11839	-0.422	0.681
TLC	7008.3333	7091.6667	366.39108	105.76799	-0.788	0.447
FBS	86.5833	91.0833	15.94593	4.60319	- 0.978	0.349
ESR	11.6667	10.2500	2.89854	0.83674	1.693	0.119

S.D.- standard deviation, S.E.- standard error, Hb gm%- hemoglobin in gm %, TLC- total leucocyte count FBS- fasting blood sugar, ESR- erythrocyte sedimentation rate, BT- before trial, AT- after trial

Effect of The Trial Medicines on Lipid Profile of 24 Patients:

Laboratory Investigation	Mean score		S.D.	S.E.	't'	P
	BT	AT				
S.Ch.	177.8333	157.0833	30.04580	8.67347	2.392	0.036
T.G.	140.9167	139.8333	32.63979	9.42230	0.115	0.911
HDL	48.0833	50.0000	2.28219	1.52484	-1.257	0.235
LDL	103.4167	93.9167	21.52166	6.21277	1.529	0.154
VLDL	31.6667	31.9167	6.85068	1.97762	-0.126	0.902

S.Ch.- serum cholestrol, T.G.- Triglyceride, HDL- high density lipid, LDL- low density lipid, VLDL- very low density lipid

In group I *granthiva* was relieved by 49.98%, which was insignificant statistically (p >0.001,

<0.05) while in group II percentage relief in *granthitva* was 86% which was highly

significant statistically at the level of p <0.001. *Raukshyatva* was relieved up to 73.33% in group I which is highly significant statistically (p<0.001) while in group II it was up to 94.44% which was also highly significant (p<0.001). The percentage relief in the patients of group I in *kharatva* was 66.67% which was significant (p>0.001, <0.05) while in that of group II was 93.33% which was also statistically significant (p >0.001, <0.05)

Krishnatva of group I was relieved by 33.33% which was statistically significant (p >0.001, <0.05) and in group II it was relieved by 77.28% which was statistically highly significant (p <0.001). In group I symptoms of nistoda was relieved by 43.67% which was significant (p>0.001, <0.05) and in group II the result was same i.e. statistically significant (p>0.001, <0.05).

Effect of Therapy in Group1

Symptom	B.T.	A.T.	Difference	Percentage	S.D.	S.E.	't'	P
Granthitva	1.6670	1.0833	.8333	49.98	0.28868	0.08333	1.0000	0.339
Raukshyatva	1.2500	0.3333	.91667	73.33	0.28868	.08333	11.0000	0.000
Kharatva	1.0000	0.3333	.6667	66.67	0.49237	.14213	4.690	0.001
Krishnatva	.33333	0.0000	.3333	33.33	0.49237	0.14213	2.345	0.039
Nistoda	0.4367	0.0000	0.4367	43.67	0.66856	0.29300	3.159	0.045

Effect of Therapy in Group2

Symptom	B.T.	A.T.	Difference	Percentage	S.D.	S.E.	't'	P
Granthitva	1.8333	0.2500	1.58333	86.37	0.79296	0.22891	6.917	0.000
Raukshyatva	1.500	0.833	1.41667	94.44	0.51493	0.14865	9.530	0.000
Kharatva	1.250	0.833	1.1667	93.33	0.83485	0.24100	4.841	0.001
Krishnatva	1.8333	0.3333	1.4167	77.28	0.51493	0.14865	7.288	0.000
Nistoda	0.4367	0.0000	0.4367	43.67	0.66856	0.29300	3.159	0.045

Probable mode of action of trial drug:
Lekhniya Mahakashaya and *Apamarg Pratisarniya Kashara* are the two trial drugs for the present study. *Lekhniya Mahakashaya* for internal use and *kshara* for local application on charmaeela have been taken.
While considering the *Rasa*, *Guna*, *veerya*, *Vipaka*, *Prabhava* of all the 10 drugs of *Lekhniya Mahakashaya*, it is found that maximum drugs are of *tikta, katu, kashaya rasa pradhana* maximum drugs are *laghu, ruksha* which are of *kaphashamak* property and *tikshana guna pradhana,* which are anti *prithvi* and *jala mahabhoot* having *kaphashamak* action.
Maximum drugs are of *ushna virya* and act opposite to the *sheeta virya* of *kapha* and *vata*.
All 10 drugs are of *katu vipaka* and opposite to the *madhur vipaka* of *kapha*.
According to *Shushrut, Lekhan dravyas* are vata and *Agni Pradhan*

So on the basis of *prabhava*, *Lekhniya Mahakashaya* causes scraping of *vriddha, dusta mamsa and kapha.*
Kshara is having *katu rasa, ushna veerya* and *teekshna* etc. *gunas*. These properties of kshara cause *ksharan* of *dushit Mamsa* and removal of the deformed skin and promotes healing of *vrina*.

Discussion:
The concept of *vishesha* in *ayurveda* is of different meaning in comparison to darshan granthas. As Ayurveda is a science of life that's why everything here is all about health and its maintenance. *Samanya vishesha siddhant* has much importance in this context. *Samanya* is must for increasing and *Vishesha* is for decreasing. This study is about *Vishesha* only. Applied form of vishesha is meant for *hrasa* or decrease.
There are three types of *vishesha dravya, guna* and *karma*. When *dravya* directly decrease the

other *dravya*, it is *dravya vishesha*. When opposite *guna* decrease another one, it is *guna vishesha*. When any activity will be the reason of decrease of another one it is karma vishesha. Being a *chikitsa pradhan shashtra trividh karma* also can be taken as *karma* here.

Beauty is a characteristic feature of a person, animal place, object or idea that provides a perceptual experience of pleasure or satisfaction that's why every person is so much worried about his out look. *Charmakeela* is a growth like structure developed on external surface of *twacha* because of *prakupit vyan vayu* along with *kapha*. *Charmakeela* has resemblance with so many skin disorders according to modern dermatology. Some of them are warts, molluscum Contagiosum, Seborrhoic Keratosis, skin tags, Callus, Keloid, Buniun, Syringoma and trichoepithelioma. Out of these, warts and molluscum are due to HPV viral infection, seborrhoic keratosis is due to photo exposure, callus and buniun, due to continuous pressure and syringoma and trichoepithelioma are eccrine and sweat gland cysts with idiopathic etiology.

Maximum drugs are of *tikta, katu, kashaya rasa pradhana* maximum drugs are *laghu, ruksha* which are of *kaphashamak* property and *tikshana guna pradhana*, which are *anti prithvi* and *jala mahabhoot*. Maximum drugs are of *ushna virya* and act opposite to the *sheeta virya* of *kapha* and *vata*. All 10 drugs are of *katu vipaka* and opposite to the *madhur vipaka* of *kapha*. According to *Shushrut Lekhan dravyas* are *vata* and *Agni Pradhan* So on the basis of *prabhava*, *Lekhniya Mahakashaya* causes scraping of *vriddha, dusta mamsa* and *kapha*.

Kshara is made up of *agneya aushadhis* that is why it is having *katu rasa, ushna veerya* and *teekshna* etc. *gunas*. These properties of *kshara* cause *ksharan* of *dushit Mamsa* and removal of the deformed skin. This also promotes healing of *vrina* by enhancing the formation of granulation tissue.

Oral intake of *lekhniya mahakashaya* is *guna vishesha* as all drugs of *mahakashaya* are of opposite *gunas* to *doshas* involved in *charmakeela*. *Kshara karma* is *karma vishesha* in the management of *charmakeela* as *trividh karma* also can be considered in *chikitsa*.

While comparing data of both groups difference was siginificant in *Granthitva* while insignificant *Raukshyata Krishnatva* and *Nistoda*. As cardinal symptom of *charmakeela* is nail like projection over external surface of *Twacha* and this symptom is markedly relieved in group II thus we can say that patients of II group were markedly improved than g. roup I.

Conclusion:

Results of II group were better in comparison to group I (difference was more in II group). This data shows that only internal medication is not sufficient to treat *Charmakeela*, excision of the lesion should also be done as *Kshara* causes scraping and removal of growth and *Lekhniya mahakashaya* causes diminution of *kapha* and *shaman* of *prakupit vyan vayu*.

All the clinical data shows that combined therapy of both drugs was more effective rather than single therapy of *lekhniya mahakashaya* in the patients of *charamkeela*. In nutshell, the present study has established that combined therapy with decoction of *lekhniya Mahakashaya* orally along with local application of *Apamarg kshara* in the patients of *charmakeela* has given better result then the individual therapy of oral intake of *lekhniya mahakashaya*. The present study states that *Karma Vishesha* along with *Guna Vishesha* have much value in the management of *charmakeela* in the comparision of alone *guna vishesha*.

Conflict of interest: There is no conflict of interest associated with the authors of this paper.

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