

A Comparative clinical study on Saindhavadi lepa with and without Siravyadha in the management of Padadari

Dr.Aishwarya Badimanal¹, Dr. K M Siddalingamurthy², Dr.Asma³

¹3rd yr PG Scholar, Dept of SVMAMC, Ilkal, Karnataka, India, aishwaryabadimanal@gmail.com

²HOD & Professor, Dept of shalyatantra, SVMAMC, Ilkal, Karnataka, India.

³Professor, Dept of shalyatantra, SVMAMC, Ilkal, Karnataka, India.

Corresponding Author: Dr.Aishwarya Badimanal

DOI: [https://doi.org/10.63001/tbs.2026.v21.i04.S.I\(4\).pp633-639](https://doi.org/10.63001/tbs.2026.v21.i04.S.I(4).pp633-639)

KEYWORDS

Padadari, Saindhavadi Lepa, Siravyadha, Kshudra Roga, Marma.

Received on: 20/09/2026

Reviewed on:28/09/2026

Accepted on: 05/10/2026

Published on: 20/10/2026

Abstract

Movement is one of the most important gifts of God to mankind. Proper body movement indicates that a person has good and undisturbed health. However, in certain disorders, foot movement becomes impaired. One such disorder is cracked foot syndrome, in which a person may appear healthy but is unable to walk comfortably due to pain, bleeding, and itching. In Ayurveda, this condition is referred to as Padadari. The disease is mainly caused by the aggravation of Vata Dosha, which leads to dryness, cracks, and fissures in the feet. The common symptoms of Padadari include Vedana (pain), Kandu (itching), Daha (burning sensation), and Raktasrava (bleeding). According to Ayurvedic Acharyas, the line of treatment for Padadari includes Snehan (oleation), Swedan (sudation), Siravyadha (venesection), and Lepa (topical application). In the present study, two treatment modalities—Siravyadha and Lepa—were selected. The study was conducted on 60 patients suffering from Padadari. These patients were divided into two groups, Group A and Group B, with 30 patients in each group. Patients in Group A received Saindhavadi Lepa as treatment. Patients in Group B received Siravyadha along with Saindhavadi Lepa. After thorough statistical analysis of various study parameters and patient responses to treatment, it was observed that Group B showed relatively better results than Group A. In Group B, 53.26% of patients were completely cured (76-100% improvement) and 46.66% showed marked improvement (51-75% improvement). In contrast, in Group A, 39.9% of patients were completely cured (76-100% improvement) and 60.0% showed marked improvement (51-75% improvement).

1.INTRODUCTION

• According to the classics, Padadari is caused by the vitiated Vata Dosha⁷ in Pada. The Lakshanas of Padadari are Ruja and Padasputanawhich makes the patient difficult to do routine work. Acharya Sushruta and Vangasena are mentioned the treatment modality for Padadari as Siravyadha and Lepa. In this modern era people expect to have quick, easy, economical and effective treatment without affecting their day to day routine. Siravedhana is considered, as “Ardhachikitsa” by Acharya Sushruta Both Acharya Sushruta⁸ and Vagbhata¹⁰ has advice siravyadhana at a distance of two angula above kshipramarma in padadari,

• Age and oil skin production play a role to getting Cracked heel as well. When the skin around the heels becomes thick and dry, it can be the cause for Cracked heels.

• Heel fissure occur predominantly as a result of dry skin (Xerosis), which can have many contributing factors like lack of moisture, ageing and pressure by long standing, poor hygiene water exposure, soil and heat.

• In modern science it is termed as “Cracked heel” or “Heel fissure”. These are splits or cracks in the epidermis, which can manifest as a consequence of an hidrosis (Dry skin or xerosis) and may or may not present with hyperkeratosis. Fissures may get deep into ‘dermis’ and become painful¹⁰. Intermittent pressure and friction over a long period is likely to produce a callus. Callus is produced around the rim of the heel. A callus is raised, uniform, painless plaque of hyperkeratosis appearing on the dorsum of

feet¹¹. It is an indication of negligence in foot care as well as rather than just over exposure or lack moisturizing.

Padadari is one among the “Kshudraroga” described in Sushruta¹, Madhavanidhana², Bhavaprakash³, Yogaratnakara⁴, Yogatarangini⁵ and Gadanigraha⁶. The signs, symptoms, pathogenesis and treatment of Padadari

• The signs, symptoms, pathogenesis and treatment of Padadari are mentioned in details which indicate that this disease was affecting the people since ancient times. It is mentioned that Padadari is caused due to Vataprakopakahetu such as Atichankramana (i.e. excessive walking especially barefooted). In the initial stage of disease patient does not have any complaint, but as the disease progresses such as pain, burning sensation, itching and sometimes even bleeding from cracks occurs. In the initial stage of disease patient does not have any complaint, but as the disease progresses such as pain, burning sensation, itching and sometimes even bleeding from cracks occurs. The persons who have a habit of walking for a long distance without any proper protection to their feet's are more vulnerable to suffer from Padadari. It is not only a painful condition but also considered to be a Cosmetic problem too. Cracked heels are often referred as heel fissure. It is the common condition where cracks from the rim of the heel.

• Padadari is one of the commonest Disease. It is observed that people are least bothered about their feet than the face. The feet bear the whole body weight. In India 80% of population live in rural area, most of them work in Farms in wet soil and water also. Mainly Athletes, walkers, joggers and even swimmers suffer from Cracked heel. So incidence of cracking the skin of the

foot is very common. Poor people ignore this problem due to lack of consciousness about foot care or may be due to costly drugs.

- Padadari is one of the commonest Disease. It is observed that people are least bothered about their feet than the face. The feet bear the whole body weight .In India 80% of population lie in rural area, most of them work in Farms in wet soil and water also. Mainly Athletes, walkers, joggers and even swimmers suffer from Cracked heel. So incidence of cracking the skin of the foot is very common. Poor people ignore this problem due to lack of consciousness about foot care or may be due to costly drugs.

- So this comparative study is taken to evaluate the efficacy of the SaindhavadiLepa in order to bring out appropriate mode of treatment ,provide the belief. This method is consider to be the effective ,quick and economical.

- The medical ailments like Athlet's foot, psoriasis, eczema, diabetes and some other skin diseases can cause cracked heels, when these fissures are deep and not properly treated, these may lead to some serious problems. According to the survey ,the problem is more serious among women registered the condition higher than men at the rate of 50 percent

- The Siravyadha is done to expel the vitiated rakta from the site and provide relief. According to classics SaindhavadiLepa⁹ is apply over an area where particular type of action need. This is considered to be easy patient friendly and safe method.

2. MATERIALS AND METHODS

LITERARY SOURCE: Literary aspect of the study will be collected from different Samhitas, modern texts, reliable websites and indexed Journals.

CLINICAL SOURCE: Patients of Padadari will be selected from OPD, Department of Shalya Tantra, RPK Ayurvedic Hospital of SVM Ayurvedic Medical College and Research Center, Ilkal.

DRUG SOURCE: The trial drugs will be authenticated from dept of DravyaGuna and formulations will be prepared in the Pharmacy section of SVM Ayurvedic Medical College and Research Center, Ilkal

INCLUSION CRITERIA

1. Patients between age group of 18 to 60 years
2. Patients irrespective of Gender, Religion, Occupation and Socio-Economic Status
3. Patients presenting with Rukshata, Ruja, Daha, Sphutana of Pada

EXCLUSION CRITERIA

Patients below 18 yrs and above 60 yrs
Anemic Patients

1. Pregnant women and lactating women

2. Classically unfit patients for siravyadha

Sampling Methods

All the 40 patients were selected on the basis of Simple randomized sampling method. They were divided into two groups A and B of 20 patients each

Group A – Patients were treated by Saindhavadi lepa

Group B- Patients were treated by Saindhavadi lepa with siravyadha

Approach to clinical study

The enrolled patients according to the selection criteria were thoroughly examined properly diagnosed after subjecting them for lab investigation (Hb, CT, BT, Serology) and later registered for the study. A case sheet proforma was prepared accordingly. A written consent was taken from all patients to observe their willingness for the study. Method of therapy Two different methods were adopted for two groups that was Group A and Group B to know their individual and relatives' efficacies.

TREATMENT MODALITIES

Group A- Local Application: Saindhavadi lepa twice daily

For 15 days on Padatala

Group B-

Siravyadha and application of Saindhavadi lepa

In Group B a small measured amount of blood is let out, depending upon age from the nearby peripheral vein, which is conducted on 1st day

- **Poorvakarma:** treatment procedure is explained to patient written consent taken and advised to take tila-yavagu 30 minutes before to procedure and then sthanikaabhyanga and ushna-jalasweda given
- **Pradhanakarma:** The patient is made to sit over the examination table and then area 2 angulas above kshipramarma is cleansed with surgical spirit. Torniquet is tied at ankle joint to make vein prominent. A sterile 18 no. the needle used for the blood letting and it was collected in measuring jar and flow is allowed to stop on its own.
- **Paschatkarma:** Needle is taken out and area wiped with swab, sterile pad was applied and bandaged. Take rest with limb elevated for 15 min and advised to remove bandage.

- Lepa

-The affected area is cleaned with sterile swab dipped in hot water, and allowed to dry up

-Saindhavadi lepa is applied with spatula, allowed to dry and then cleaned with sterile gauze. And apply twice daily.

Figure 1 Procedure of siravyadha



DURATION OF TREATMENT: 15 days

FOLLOW UP: 16th day and 21st day

TOTAL STUDY DURATION: 21 days.

OUTCOME

The outcomes were measured using subjective parameters. Pain intensity was assessed using the Visual Analogue Scale. Burning and Bleeding were graded on a scale from Grade 0 to Grade 4. Observations were noted at the baseline (1st day), and subsequently on 15th and 21st day after the treatment.

Sample size and randomization

A two-sided test was planned with a level of significance set at 5% and a power of 80% to detect significant differences. A total sample size of 40 subjects was calculated to detect an effect size of 0.47. This yielded a statistical power of 80.76%. After accounting for dropouts, 40 patients remained and were divided into two groups (n=20 per group) using simple random sampling via the lottery method.

Statistical methods

Intra-group comparisons were conducted for quantitative parameters using Wilcoxon signed Rank test, and the inter-group comparisons were performed using Mann Whitney U test. Hypothesis testing was performed for each parameter, and results were interpreted accordingly. The level of significance was maintained at 0.05. Appropriate summary statistics, including mean, SD,

and W-values were calculated. To compare outcomes between Group A and Group B, Mann Whitney U test was used.

Blinding

Evaluator-blinded data collection was maintained throughout the study. The outcome variables related to the interventions were documented and statistical analysis was also performed in a blinded manner.

3. RESULTS

Demographic detail and baseline data

All the demographic and baseline data of the participants were evaluated, and the results indicated no significant difference between Group A and Group B in terms of patients' age, gender, religion, socio-economic status, inhabitation, diet, sleep, Koshta, Prakurti, disease duration and history of other illnesses. No patient underwent concomitant treatments during the study period.

Outcomes and estimation

Mann Whitney U test was used to compare outcomes between Group A and Group B. As observed in Table 1, the P value for the parameters is less than 0.05. Therefore, we conclude that there is a statistically significant difference between Group A and Group B in the management of Padadari. Furthermore, the average percentage of improvement in Group A was 35%, which is notable higher than the 60% observed in Group B. This suggests that intervention in Group B was more effective than that in Group A.

Figure 2: Results of treatment



Table 1: Effect of treatment on Pain

Pain	No of Patients			Percentage		
	Group A	Group B	Total	Group A	Group B	Total
Grade 0	2	3	5	10%	15%	12.5%
Grade 1	7	5	12	35%	25%	30%
Grade 2	9	6	15	45%	30%	37.5%
Grade 3	2	6	8	10%	30%	20%
TOTAL	20	20	40	100.00%	100.00%	100.00%

Figure 3: Effect of treatment on Pain

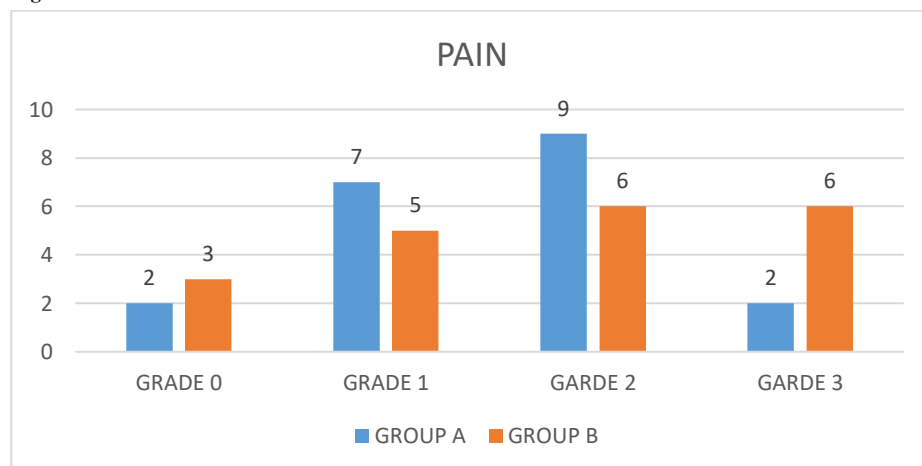


Table 2: Effect of treatment on Bleeding

Bleeding	No of Patients			Percentage		
	Group A	Group B	Total	Group A	Group B	Total
Grade 0	6	4	10	30%	20%	25%
Grade 1	10	10	20	50%	50%	50%
Grade 2	3	6	9	15%	30%	22.5%
Grade 3	1	0	1	5%	0%	2.5%
TOTAL	20	20	40	100.00%	100.00%	100.00%

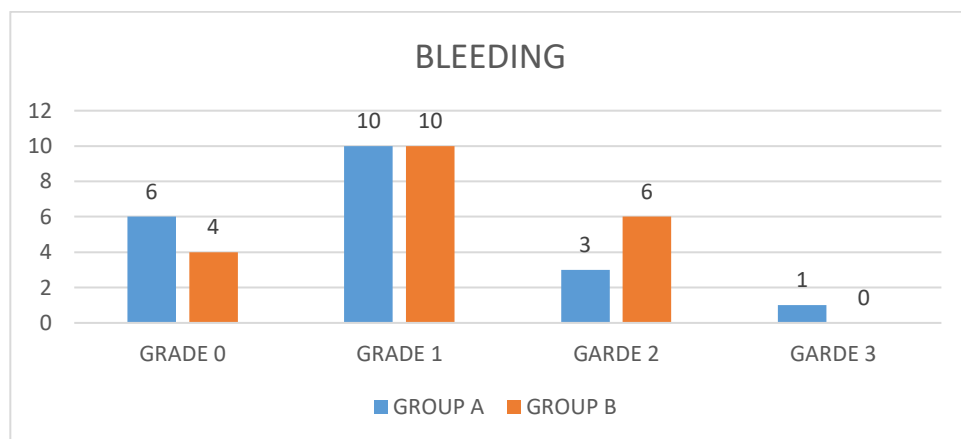


Figure 4: Effect of treatment on Bleeding

Table 3: Effect of treatment on Itching

Itching	No of Patients			Percentage		
	Group A	Group B	Total	Group A	Group B	Total
Grade 0	3	0	3	15%	0%	7.5%
Grade 1	6	10	16	30%	50%	40%
Grade 2	10	8	18	50%	40%	45%
Grade 3	1	2	3	5%	10%	7.5%
TOTAL	20	20	40	100.00%	100.00%	100.00%

Figure 5: Effect of treatment on Itching

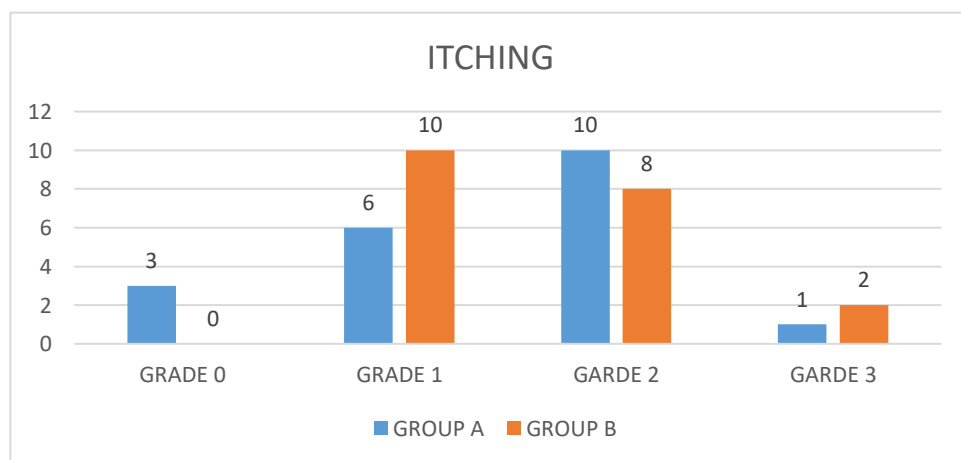


Table 4: Effect of treatment on Cracks

Number of cracks	No of Patients			Percentage		
	Group A	Group B	Total	Group A	Group B	Total
Grade 0	0	0	0	0%	0%	0%
Grade 1	4	7	11	20%	35%	27.5%
Grade 2	10	12	22	50%	60%	55%
Grade 3	6	1	7	30%	5%	17.5%

TOTAL	20	20	40	100.00%	100.00%	100.00%
-------	----	----	----	---------	---------	---------

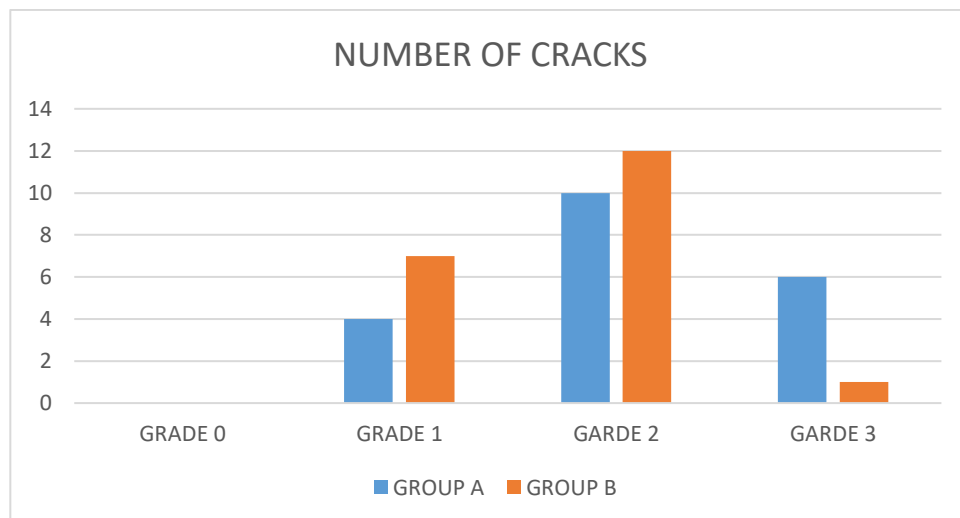
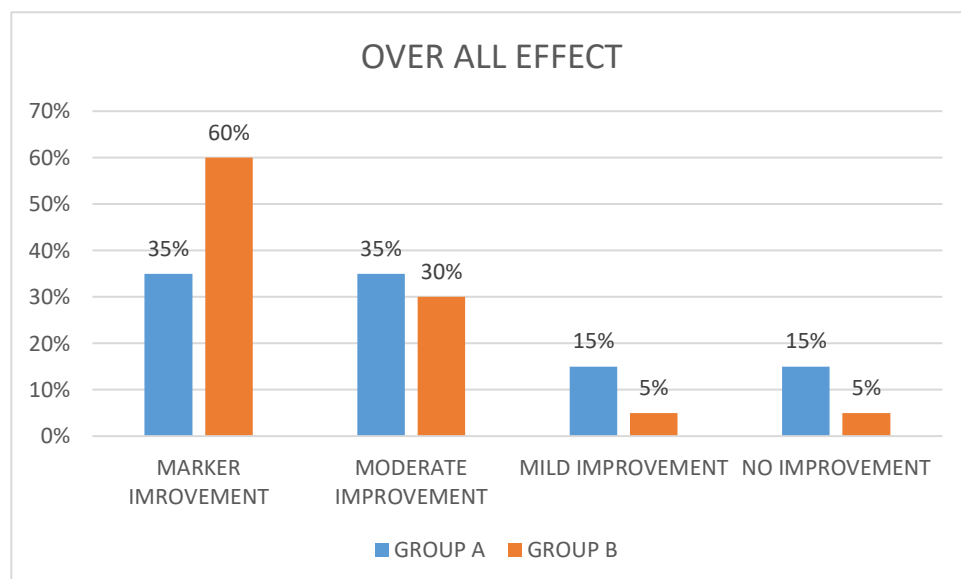


Figure 6: Effect of treatment on Cracks

From the data analysis it can be clearly observed that, group B treatment i.e. Siravyada followed by SaindhavadiLepa was giving better results. It is observed that all other symptoms group B treatment showed higher improvement as compared to group A.

Figure 5 Over all Effect of treatment



1. Marked Improvement (Significant Success)

This category shows the most significant difference between the two groups. * Group B performed exceptionally well here, with 60% of patients showing marked improvement.

* Group A saw this result in only 35% of patients.

* Insight: Group B is nearly twice as effective as Group A at achieving high-level clinical results.

2. Moderate Improvement

Results in this category are relatively similar for both groups.

* Group A had a slightly higher percentage at 35%.

* Group B followed closely at 30%.

3. Mild and No Improvement (Lower Efficacy)

The chart shows that Group A had a much higher "failure" or "low-success" rate compared to Group B.

* Mild Improvement: Group A (15%) vs. Group B (5%).

* No Improvement: Group A (15%) vs. Group B (5%).

* Insight: Combined, 30% of patients in Group A saw little to no benefit, whereas only 10% of patients in Group B fell into these low-efficacy categories.

4. CONCLUSION

The systematic study has been conducted to find out the effective treatment for the treatment of Padadari. Patients were divided into two groups A and B to understand the effect of Saindhavadi Lepa and Siravyada followed by

Saindhavadi Lepa respectively. From the statistical analysis of all 40 patients it can be concluded that, Padadari can be very effectively treated by group B treatment i.e. Siravyada followed by Saindhavadi Lepa. These outcomes matches with literature Sushruta Samhita Sharirasthana[8] - An act of vein puncture, properly performed, gives more speedy relief than that derived from the Snehadi and Lepa alone. However, in future the study can be extended to larger number of patients and to longer time treatments to draw the concrete conclusion on the treatment.

5. REFERENCES

1. Patil Vasanth C, SushrutaSamhita of Maharshi sushrutaDalhana's Commentary, New Delhi:Chaukhamba Sanskrit Pratishthan Oriental Publishers & Distributors, 2018: 86pp.
2. Murthy Srikanta K.R., MādhavaNidānam (rogaVinischaya) of Madhavakara (a Treatise on Ayurveda), Varanasi:Chaukhamba Orientalia,2013; 180pp.
3. Murthy Srikanta.K.R., Bhavaprakasha of Bhavamishra,vol 2, 3rded.,Varanasi: Chaukhambha Orientalia, 2005:66pp.
4. Pande Rameshwar, YogaratnakaraPriyasiddi, Hindi Vyakhya Sahita, Varanasi:Chaukhambha Orientalia, 2019: 749pp.
5. Saxena N, Yogatarangani of Trimalla Bhatta, Varanasi:Chaukhambha Orientalia, 2005: 361pp.
6. Tripathi Indradev, Gadanigraha, shalakyadi-panchakarmadhikarantobhagaha,3rd ed., Varanasi:Chaukhambha Orientalia, 1999:381pp.
7. Kaviraj Dr. Ambikadattashatri, SushrutaSamhita, ShareeraSthana 8/17, ChaukhambaSanskritaSansthan 2005, Page no 65.
8. AshtangasangrahaHindivakhyasyama by Kvirajatrivedigupta Sutra shariranidhanasthnatmakaprathamabhaga Shloka no.25 Page no.396
9. BhaishajyaRtnavali by Kaviraj shri ambikadattashriayurvedacharya ,Kshudraroga chikitsa prakaram.shloka no.14 page no.946.
10. Ghanekar Bhaskar Govind, Sushrut Samhita, Shareerasthana, reprint, New Delhi:MeharchandLachhmandas, 2019:227pp.
11. Rama Rao B., ASTANGASANGRAHA OF VAGBHATASUTRASTHANA, vol1, Varnasi:Chaukhambha Orientalia, 2006:482pp.
12. Dr.G.PrabhakarRao,Chakradatta, 55/11, ChaukhambaOrientalia,, page no 507.