

**Case Study**

**Role of *Lanka taila* in relieving *Pad Daha* (burning sensation of the sole) in Diabetic Neuropathy – A case study**

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**ABSTRACT:**

*Madhumeha* is a very common disease in the present era. It affects the quality of life. According to the signs and symptoms of *madhumeha* we can correlate it with Diabetes Mellitus. There are so many major as well as minor complications of the disease, out of which diabetic neuropathy is a very common problem. In modern medicine, there is no effective treatment for this world-wide problem. *Ayurveda* is an ancient science and it has a natural cure for every problem. For diabetic neuropathy a very nice remedy is being mentioned in the *Ayurvedic* text book called *Yogaratanakar*, The medicine is known as *Lanka taila* which is used for local application. *Lanka Tail* is prepared from green chillies and *Tila taila*.

Trial during i.e *Lanka taila* was prepared by cooking red chillies: 125 gms (made into pieces) in *til taila* (500 gm) till it becomes blackish in colour. After cooling, it was used for the *pratisaran* purpose (local application) accordingly as mentioned in the Textbook of *Yogaratanakar*. Complete relief in the symptoms of Diabetic Neuropathy especially *padadaha* was found after *Lanka Tail pratisarana*. *Lanka Taila pratisarana* is an effective and beneficial treatment for *Padadaha*. *Madhumeha* occurs due to *kapha*, *kleda*, and *meda dushti* predominantly. *Lanka* is a *katu*, *ushna*, *tikshna dravya* which is effective in the *sampraptibhanga* of diabetic neuropathy especially *padadaha*.

**KEY WORDS:** Diabetic neuropathy, *Madhumeha*, *Yogaratanakar*, *Lankataila*, Diabetes mellitus

**INTRODUCTION:**

Diabetic Neuropathy is a rare complication affecting approximately 30 % of the diabetic patients. According to the *Ayurvedic* principle, there is an involvement of *vata* & *pitta dosha* in diabetic neuropathy. Here in the present study, the *pratisarana* (local application) of *Lanka Tail* is done in the sole region of the patient for 15 consecutive days and its effect is being assessed based on the relief in symptoms of Diabetic Neuropathy. Follow up was taken on the 15<sup>th</sup> day. Diabetic neuropathy includes the following symptoms:

1. Numbness / reduced ability to feel pain.
2. Burning sensation in the sole region.
3. Muscle weakness.

Out of these symptoms, *Lanka Taila* acts mainly on *Pad Daha*

**Aims and objective:**

- To study the effects of *Lanka taila* in *Pada daha* in Diabetic neuropathy.
- To study Diabetic neuropathy in detail.
- To study *pada daha* in *Ayurvedic* perspective.

**CASE REPORT:**

In the present case study, successful *Ayurvedic* management of *pada daha* has been done. It is as follows

A 54 yr old female patient came with the complaint of:

1. *Pada daha*
2. Numbness
3. *Anga Gaurav* \_\_\_ for 2 months

**K/C/O :**

DM.....since 2 yrs Rx Tb. Gemer 1 BD  
HTN.... since 2 yrs Rx Tb. Cilamax 10 mg OD

**No H/O:** Any major illness

**S/H:** TL done before 20 yrs

**M/H:** Menopause before 5 yrs

**O/E**

<i>Nadi</i> (pulse) - 80/min	<i>Ura</i> - AEBE clear
<i>Mala</i> (stool) - <i>prakrut</i>	<i>Udara</i> - soft
<i>Mutra</i> (Urine) - <i>nakta mutrata</i>	<i>Kshudha</i> - <i>prakrut</i>
<i>Jivha</i> (Tongue) - <i>ishat saam</i>	<i>Nidra</i> - <i>prakrut</i>
<i>Shabda</i> (Speech) - <i>prakrut</i>	<i>Drika</i> ( Eyes)- <i>prakrut</i>
<i>Bala</i> - <i>madhyam</i>	<i>Nakha</i> (Nails)- <i>Prakrut</i>
<i>Akruti</i> - <i>madhyam</i>	<i>Twak</i> - <i>prakrut</i>
<i>BP</i> - 140/80mm of hg	

*Lanka taila* was the main material required for the study. It was applied to the patient for curing *Pada daha* .

**Conceptual study**

Trial during i.e *Lanka taila* was prepared by cooking red chillies :125 gms ( made into pieces) in *til taila* ( 500 gm) till it becomes blackish in colour.

After cooling, it was used for the *pratisaran* purpose ( local application) accordingly as mentioned in the Textbook of *Yogaratanakar*.

**Route of administration:**

Local application ( *pratisarana*)

**Time of Administration:** At bed time

**Duration of the treatment:** 15 days

**Follow up:** after 15 days

**Observation and results:**

Local application of *Lanka taila* in sole region of the patient proved to be of great benefit, as it reduced the symptoms considerably.

It is observed that in the initial stages of the disease, the treatment proved to be preventonary.

**DISCUSSION:**

Diabetic neuropathy is a type of nerve damage that

can occur if a person has diabetes. High Blood sugar (Glucose) can injure the nerves throughout the body. Diabetic neuropathy most often damages the nerves in the legs and feet. Depending on the affected nerves, symptoms of diabetic neuropathy can range from burning sensation, pain and numbness in the legs and feet to the problems in digestive system, urinary tract, blood vessels and heart.

**CONCLUSION:**

*The causative factor of Pada daha is kaphaavritta pitta or vataavritta pitta. Here we are applying lanka taila which is of Ushna virya and Tikshna guna and kapha vata shamaka karma due to which the avarana of kapha or vata is removed and it helps in reducing padadaha.*

**REFERENCES:**

1. Textbook of Diabetic Nephropathy by F.Arnold Gries.,Norman E Cameron, Philip A.Low.
2. Diabetic Neuropathy, Davidson's principles and practice of medicine, Churchill Livingstone Elsevier, 22<sup>nd</sup> Edition, chapter no-21(Diabetes Mellitus) page-831.
3. Text book of Yogaratnakar.

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