



Research Article

THERAPEUTIC EMESIS (VAMANA) IN TINEA CORPORIS: A RANDOMIZED COMPARATIVE CLINICAL TRIAL OF MADANAPHALADI YOGA AND PANCHAKASAYA YOGA

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ABSTRACT

Tinea corporis is a common superficial fungal infection that can be correlated with *Dadru* based on its clinical features. The present randomized comparative clinical study was conducted to evaluate the efficacy of *Vamana Karma* with *Madanaphaladi Yoga* and *Panchakasaya Yoga* in the management of *Dadru* with special reference to Tinea corporis. A total of 65 patients were enrolled, of whom 60 completed the study and were randomly divided into two groups of 30 each. Group A received *Vamana* with *Madanaphaladi Yoga*, while Group B received *Vamana* with *Panchakasaya Yoga*. Both groups underwent the same *Purva Karma* and *Paschat Karma*. The treatment protocol included *Deepana-Pachana*, *Snehapana*, *Vamana*, *Dhumpana* and *Samsarjana Krama*, with follow-up up to the 35th day. Clinical assessment was based on *Kandu*, *Raag*, *Pidaka*, *Utsanna Mandala*, *Daha* and *Rukshata*. Both groups showed significant improvement in all assessed parameters. The percentage of relief was higher in Group B for all six parameters, with statistically significant between-group differences in *Kandu*, *Raag*, *Pidaka* and *Utsanna Mandala* and highly significant difference in *Rukshata*; the difference in *Daha* was not statistically significant. Overall, both *Vamana* regimens produced improvement in *Dadru*, with comparatively greater clinical response observed in the *Panchakasaya Yoga* group.

INTRODUCTION

Tinea corporis is a common superficial dermatophytic infection of the skin caused by dermatophyte fungi. It occurs worldwide but is particularly prevalent in tropical and humid regions, where warmth, moisture, overcrowding and poor hygienic conditions favour fungal growth. Other factors such as excessive sweating, urbanisation, use of occlusive footwear and tight-fitting clothing may also increase the risk of infection. Superficial fungal infections constitute an important dermatological problem worldwide and Tinea corporis is reported to be one of the most common clinical manifestation.^[1] In India, dermatophytosis has become an increasing clinical concern with recent studies reporting a prevalence of 66.6% among all skin disease.^[2]

The recurrent and persistent nature of the infection has further increased the need for effective and sustainable therapeutic approaches. Clinically, Tinea corporis is usually characterised by itching, erythema, papules and well defined annular or circular skin lesions. Tinea corporis can be correlated with *Dadru* in Ayurveda based on these clinical features.^[3] Although a direct one-to-one equivalence between a modern disease entity and an Ayurvedic diagnosis cannot always be established, the clinical presentation of Tinea corporis shows considerable similarity with the classical description of *Dadru*. In Ayurveda, *Dadru* is described under *Kustha roga* and is characterised mainly by *Kandu* (itching), *Raga* (erythema), *Pidaka* (papules), *Daha* (burning sensation), *Mandala* (elevated or circular patches) and *Rukshata* (dryness). Charaka has included *Dadru* under *Kshudra Kustha* while Sushruta has described it under *Mahakustha*. *Harita Samhita* further discusses *Dadru* in relation to the involvement of *Twak* and *Rakta*. These classical descriptions, particularly the presence of intense itching, erythematous papules and circular lesions, provide a basis for correlating *Dadru* with Tinea

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corporis. The etiological factors of *Dadru* are discussed under the general *Kustha nidana*. These include excessive consumption of incompatible, heavy and unctuous foods, excessive intake of sour and salty substances. Suppression of natural urges is also mentioned among the causative factors.^[4] Thus, Ayurveda considers the development of *Kustha* in relation to both dietary and behavioural factors and the involvement of the *Doshas*. Ayurveda gives an important place to *Panchakarma* in the management of chronic and recurrent disorders. Among the *Panchakarma* procedures, *Vamana* is particularly relevant in disorders involving predominant *Kapha* or *Kapha-Pitta* association. Classical Ayurvedic texts describe the use of *Vamana*^[5] in the management of *Kustha roga*, including conditions presenting with features comparable to *Dadru*.

In the present study, two *Vamana* formulations, *Madanaphaladi Yoga*^[6] and *Panchakasaya Yoga*^[7], have been selected for comparative evaluation. *Madanaphaladi Yoga* is described in *Charaka Kalpa Sthana* and is traditionally used for *Vamana*. *Madanaphala* is regarded as an important *Vamana* drug by Acharya Charaka. *Panchakasaya Yoga* is mentioned in *Bhaishajya Ratnavali* under *Kustha Roga Chikitsa* for the management of *Dadru*. Its ingredients predominantly possess *Tikta*, *Katu* and *Kashaya rasa* along with *Kapha-Pitta hara* properties. Considering the persistent nature of *Tinea corporis* and its clinical similarity with *Dadru*, the present randomized comparative clinical trial has been undertaken to evaluate the efficacy of *Vamana* with *Madanaphaladi Yoga* and *Panchakasaya Yoga* in the management of *Dadru* with special reference to *Tinea corporis*. The study aims to compare the therapeutic effects of these two *Vamana* formulations on the clinical features of the disease and to identify an appropriate Ayurvedic therapeutic approach for better clinical improvement and sustained management.

MATERIALS AND METHODS

Study Design

This was a randomized comparative clinical study with a parallel group design, undertaken to compare the therapeutic effects of two different Ayurvedic therapeutic regimens- *Vamana* with *Madanaphaladi Yoga* and *Vamana* with *Panchakasaya Yoga*- in the management of *Dadru* with special reference to *Tinea Corporis*. It assessed the effect on the clinical signs and symptoms of *Dadru* and *Tinea Corporis* according to the predefined assessment criteria.

The study was conducted in the Department of Panchakarma, Institute of Postgraduate Ayurvedic Education and Research at SVSP, Kolkata, India. The estimated sample size was 30 subjects per group (total

n=60). Additional subjects were eligible to be registered considering the dropout rate.

Potential participants were screened after being informed and providing informed consent and eligible subjects were enrolled in the study as per the inclusion and exclusion criteria. Volunteers were randomly allocated into two parallel groups to receive either *Vamana* with *Madanaphaladi Yoga* or *Vamana* with *Panchakasaya Yoga*. There were two groups: (1) subjects who received *Vamana* with *Madanaphaladi Yoga* and (2) subjects who received *Vamana* with *Panchakasaya Yoga*.

The treatment protocol was completed over a period of 35 days and consisted of *Purva Karma*, *Pradhana Karma* and *Paschat Karma*. During *Purva Karma*, *Deepana-Pachana* with *Panchakola Curna* was administered from the 1st to 7th day, followed by *Snehapana* with *Mahatikta Ghrita* from the 8th to 12th day. The 13th day was observed as *Visrama Kaal*. On the 14th day, *Pradhana Karma*, i.e., *Vamana*, was performed with the respective *Vamana Yoga* according to the allocated group. *Dhumpana* was administered following *Vamana*. *Paschat Karma* consisted of *Samsarjana Krama*, which was followed from the 14th to 20th day and follow-up after 15 days.

The subjects were assessed before and after treatment on the basis of predefined subjective and objective parameters. The changes in the clinical signs and symptoms of *Dadru* and *Tinea Corporis* were recorded and analysed statistically to compare the therapeutic effects of *Vamana* with *Madanaphaladi Yoga* and *Vamana* with *Panchakasaya Yoga*.

Study Participants

Study participants met the following inclusion criteria: men and women aged 18 to 60 years suffering from *Dadru* (*Tinea Corporis*) with clinical features such as elevated patches, dryness, papules, itching, burning sensation and erythema. Patients having *Madhyam Sattva* and *Prabara Sattva* and those who were willing to participate in the trial were considered eligible for inclusion, irrespective of sex. Patients below 18 years or above 60 years of age, those with *Avara Sattva* or *Sukumar* constitution and unconscious or semiconscious patients were excluded. Patients with malignancy of any organ and major systemic diseases, such as uncontrolled hypertension, diabetes mellitus, tuberculosis, paralysis, Parkinsonism and chronic renal failure were also excluded. Pregnant women and patients who were unwilling to participate in the trial were excluded. All subjects invited to participate were informed about the study and its procedures and then signed a written informed consent form.

The trial was conducted following the guidelines of the Indian Council of Medical Research (ICMR). The approval number of the Ethical

Permission was obtained on 29th May, 2024 (SVP/ IEC/ 866/2024, dated 29th May, 2024), with participant recruitment occurring between January 2025 and December 2025.

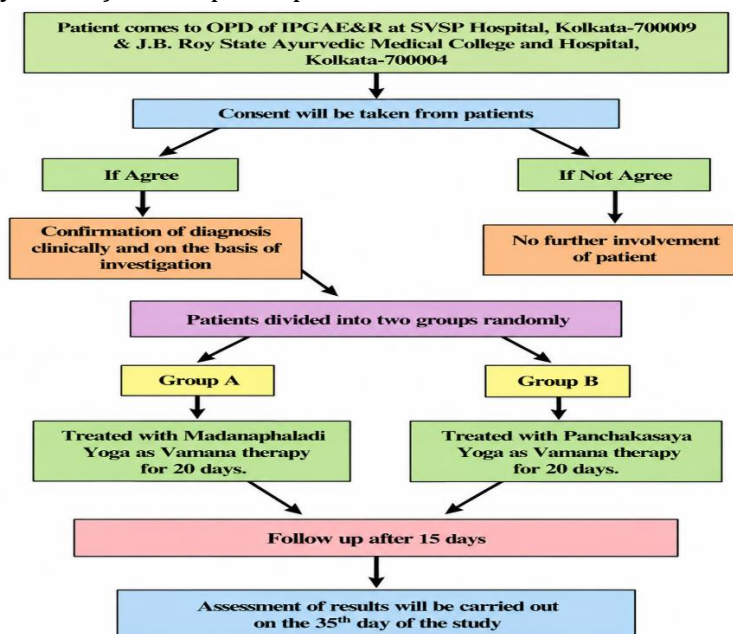


Figure 1: Schematic Representation of the Study Procedure

Table 1: Detail study procedure

<i>Purva Karma</i>			<i>Pradhana Karma</i>	<i>Paschat Karma</i>		Follow up
1 st to 7 th	8 th to 12 th day	13 th day	14 th day	14 th day	14 th to 20 th day	35 th day (after 15 days)
<i>Deepana-Pachana</i> with <i>Panchakola Churna</i>	<i>Snehapana</i> with <i>Mahatikta Ghrita</i> (increasing dosage pattern)	<i>Visrama kaal</i>	<i>Vamana</i> with <i>Madana phaladi yoga</i> or <i>Panchakasaya yoga</i>	<i>Dhumpana</i>	<i>Samsarjna Krama</i>	

Table 2: Ingredients and quantity of drugs used for preparation of *Madanaphaladi Yoga*

Ingredients of <i>Madanaphaladi Yoga</i> (<i>Avaleha</i> form)	Amount
<i>Madanphala Churna</i>	6-8gm
<i>Vacha Curna</i>	2 gm
<i>Saindhava lavana</i>	1 gm
<i>Madhu</i>	Quantity sufficient
Total	10 gm

Table 3: Ingredients and quantity of drugs used for preparation of *Panchakasaya Yoga*

Ingredients of <i>Panchakasaya Yoga</i> (<i>Kasaya</i> Form)	Amount
<i>Vacha</i>	1 part
<i>Vasa</i>	1 part
<i>Patola</i>	1 part
<i>Neem</i>	1 part
<i>Priyangu</i>	1 part
<i>Madanphala Churna</i>	Quantity sufficient
<i>Madhu</i>	Quantity sufficient

Study Products

The study products comprised two Ayurvedic preparations used for *Vamana Karma* in the management of *Dadru* with special reference to *Tinea Corporis*. For Group A, *Madanaphaladi Yoga* was used for *Vamana Karma*, while for Group B, *Panchakasaya Yoga* was used for *Vamana Karma*. The trial drugs were collected from the Apothecary (Pharmacy) Department of IPGAE&R at SVSP Hospital, Kolkata. Both formulations were prepared according to the methods described in the Ayurvedic Samhitas and the preparation of the drugs was supervised by the college pharmacy.

The selection of these preparations was based on their classical Ayurvedic properties and their proposed relevance to the management of *Dadru*. *Madanaphaladi Yoga* was selected as the *Vamana* formulation for Group A, while *Panchakasaya Yoga* was selected for Group B as described in the classical therapeutic approach for *Dadru*. The two formulations were comparatively evaluated to assess their therapeutic effects in the management of *Dadru* with special reference to *Tinea Corporis*.



Figure 2: Vamana procedure

Study outcome and Data collection

The outcomes were assessed through changes in the assessment parameters before and after treatment in patients of *Dadru* with special reference to *Tinea Corporis*. The outcomes comprised assessment parameters including *Kandu* (itching), *Daha* (burning sensation), *Rukshata* (dryness), *Raag* (erythema), *Pidaka* (papules) and *Utsanna Mandala* (elevated patches), along with the predefined clinical assessment criteria for evaluating the severity of *Dadru*. The patients were enrolled through random allocation and a separate case record was prepared for documenting demographic details, clinical features, treatment schedule and assessment observations. The patients were divided into two groups of 30 each; Group A received *Vamana* with *Madanaphaladi Yoga* and Group B received *Vamana* with *Panchakasaya Yoga*. Both groups underwent the prescribed *Purva Karma*, followed by *Vamana Karma* with the respective *Vamana Yoga* and subsequent *Paschat Karma*. The complete treatment protocol was carried out over 20 days, including *Deepana-Pachana* with *Panchakola Curna*, *Snehapana* with *Mahatikta Ghrita*, *Visrama Kaal*, *Vamana Karma* and *Samsarjana Krama*. The assessment of the parameters was carried out before initiation of treatment and after completion of the treatment protocol. A follow-up assessment was conducted after 15 days and the final assessment of results was carried out on the 35th day of the study. The collected data were subsequently organised and subjected to appropriate statistical analysis, with the changes observed before and after treatment and during follow-up being used to assess the therapeutic response of the respective interventions.



Figure 3: Before treatment and After treatment

Statistical Analysis

It was a randomized, comparative, clinical study consisting of two groups, viz. Group A and Group B. Each group comprised 30 patients. Group A was treated with *Vamana* with *Madanaphaladi Yoga*, while Group B was treated with *Vamana* using *Panchakasaya Yoga*. Student's paired t-test was applied in both groups to assess the efficacy of the respective therapeutic interventions by comparing the assessment parameters before and after treatment.

RESULT

The present study evaluated the therapeutic response in patients of *Dadru* with special reference to Tinea Corporis, with particular emphasis on changes in the Ayurvedic clinical assessment parameters. The findings demonstrated improvement in the assessed parameters following treatment. *Kandu* showed 26.42% relief in Group A, which received *Vamana* with *Madanaphaladi Yoga*, compared with 37.84% in Group B, which received *Vamana* with *Panchakasaya Yoga*. *Raag* showed 11.54% relief in Group A compared with 15.79% in Group B, while *Pidaka* showed 25.58% relief

in Group A compared with 45.46% in Group B. *Mandala* showed 22.23% relief in Group A compared with 36.29% in Group B. *Daha* showed 16.33% relief in Group A compared with 26.23% in Group B, while *Rukshata* showed 22.22% relief in Group A compared with 26.23% in Group B. The within-group changes in the subjective parameters were statistically significant or highly significant according to the respective parameters, indicating improvement in the clinical manifestations of *Dadru* during the treatment period.

The overall clinical response was assessed on the basis of the predefined percentage-relief categories, namely complete remission (100% relief), marked improvement ($\geq 75\%$ to $<100\%$ relief), moderate improvement ($\geq 50\%$ to $<75\%$ relief), mild improvement ($\geq 25\%$ to $<50\%$ relief) and insignificant

improvement ($<25\%$ relief). In Group A, none of the patients achieved complete remission or marked improvement; 12 patients (40%) showed mild improvement and 18 patients (60%) showed insignificant improvement. In Group B, 1 patient (3.33%) demonstrated moderate improvement, 27 patients (90%) showed mild improvement and 2 patients (6.66%) showed insignificant improvement. No patient in Group B achieved complete remission or marked improvement.

Overall, both *Vamana* interventions were associated with improvement in the clinical features of *Dadru*. The percentage of relief was generally higher in Group B for the assessed clinical parameters and the study's overall findings showed comparatively greater improvement in the *Panchakasaya Yoga* group.

Table 4: Effects of Assessment Parameters in Group A (n=30, Df=29)

S.No.	Parameters	BT	AT	MD	SD(±)	SE (±)	"t" value	% of relief	Significance (p)
1	<i>Kandu</i>	3.53	2.60	0.93	±0.25	±0.05	20.15	26.42	<0.001
2	<i>Raag</i>	1.73	1.53	0.20	±0.55	±0.10	1.99	11.54	<0.05
3	<i>Pidaka</i>	2.87	2.13	0.74	±0.75	±0.14	5.43	25.58	<0.001
4	<i>Utsanna Mandala</i>	3.33	2.57	0.76	±0.78	±0.14	5.31	22.23	<0.001
5	<i>Daha</i>	1.63	1.37	0.26	±0.44	±0.08	3.25	16.33	<0.01
6	<i>Rukshata</i>	2.70	2.10	0.60	±0.81	±0.15	4.04	22.22	<0.001

Table 5: Effects of Assessment Parameters in Group B (n=30, Df=29)

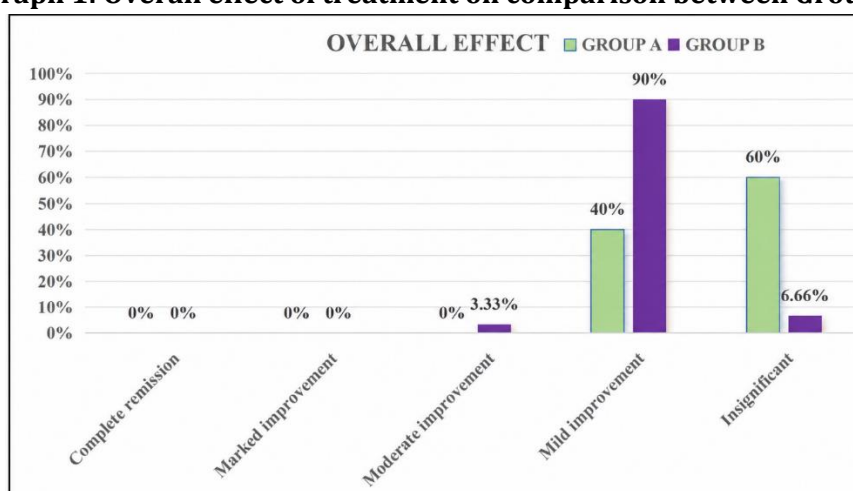
S.No.	Parameters	BT	AT	MD	SD(±)	SE (±)	"t" value	% of relief	Significance (p)
1	<i>Kandu</i>	3.70	2.30	1.40	±0.56	±0.10	13.61	37.84	<0.001
2	<i>Raag</i>	2.53	2.13	0.40	±0.81	±0.15	2.69	15.79	<0.05
3	<i>Pidaka</i>	3.30	1.80	1.50	±0.94	±0.17	8.76	45.46	<0.001
4	<i>Utsanna Mandala</i>	3.50	2.23	1.27	±0.75	±0.14	9.28	36.29	<0.001
5	<i>Daha</i>	2.03	1.50	0.53	±0.62	±0.11	4.65	26.23	<0.001
6	<i>Rukshata</i>	2.03	1.50	0.53	±0.68	±0.12	4.29	26.23	<0.001

Table 6: Effects on Assessment Parameters between the Groups (n = 60, Df = 58)

S.No.	Parameters	Group A		Group B		±SD	±SE	't' value	Significance (p)
		BT	AT	BT	AT				
1	<i>Kandu</i> (Itching)	3.53	2.60	3.70	2.30	±0.70	±0.13	2.41	<0.05
2	<i>Raag</i> (Erythema)	1.73	1.53	2.53	2.13	±1.36	±0.25	2.48	<0.05
3	<i>Pidaka</i> (Papules)	2.87	2.13	3.30	1.80	±1.09	±0.20	1.68	<0.05
4	<i>Utsanna Mandala</i> (Elevated patches)	3.33	2.57	3.50	2.23	±0.85	±0.16	2.16	<0.05
5	<i>Daha</i> (Burning sensation)	1.63	1.37	2.03	1.50	±1.01	±0.18	-0.764	>0.05
6	<i>Rukshata</i> (Dryness)	2.70	2.10	2.03	1.50	±1.13	±0.21	2.86	<0.01

Table 7: Overall effect of Treatments in 60 patients

Overall effect	Group A (30 patients)		Group B (30 patients)		Total (60 patients)	
	No. of Patients	Percentage of Patients	No. of Patients	Percentage of Patients	No. of Patients	Percentage of Patients
Complete remission (100 % relief)	00	0%	00	0%	00	0%
Marked improvement (<100% - ≥75% relief)	00	0%	00	0%	00	0%
Moderate improvement (<75% - ≥50% relief)	00	0%	01	3.33%	01	1.66%
Mild improvement (<50% - ≥25% relief)	12	40%	27	90%	39	65%
Insignificant improvement (<25% - relief)	18	60%	2	6.66%	20	33.33%

Graph 1: Overall effect of treatment on comparison between Groups

DISCUSSION

The present clinical study evaluated the therapeutic effect of *Vamana Karma* with *Madanaphaladi Yoga* and *Panchakasaya Yoga* in patients of *Dadru* with special reference to *Tinea Corporis*. The subjective parameters selected for assessment were *Kandu*, *Raag*, *Pidaka*, *Utsanna Mandala*, *Daha* and *Rukshata*. These parameters represent the important clinical manifestations of *Dadru* and were assessed before and after treatment using the predefined scoring system. The therapeutic response may be understood in relation to the overall sequence of *Panchakarma* adopted in the present study. *Deepana-Pachana* with *Panchakola Curna* was administered as *Purva Karma* to improve *Agni* and facilitate the proper digestion and mobilisation of accumulated *Doshas*. *Snehapana* with *Mahatikta Ghrta* was subsequently administered according to *Koshta* and *Agnibala*, followed by *Abhyanga* and *Nadi Swedana*. *Snehana* and *Swedana* facilitate the mobilisation of vitiated *Doshas* towards the *Koshta*, thereby preparing the patient for *Pradhana Karma*.

Vamana Karma was then performed with the respective *Vamana Yoga*, followed by *Dhumapana* and *Samsarjana Krama*. Thus, the clinical response observed in the study may be considered as the combined effect of appropriate *Purva Karma*, *Pradhana Karma* and *Paschat Karma* rather than the action of the *Vamana* formulations alone. *Kandu* was one of the most prominent manifestations of *Dadru*. Group A showed 26.42% relief, whereas Group B showed 37.84% relief. Improvement was very highly significant in both groups ($p < 0.001$) and the between-group difference was statistically significant ($t = 2.41$, $p < 0.05$). From the drug perspective, *Madanaphaladi Yoga* contains *Madanaphala*, *Vacha*, *Saindhava Lavana* and *Madhu*. *Madanaphala* and *Vacha* are described as having *Lekhana* and *Kapha*-pacifying properties, which may contribute to reduction of *Kandu* and *Pidaka*. *Panchakasaya Yoga* contains *Vacha*, *Vasa*, *Patola*, *Nimba* and *Priyangu*. Most of these drugs possess *Tikta* and *Kashaya Rasa* with *Kapha-Pitta* balancing properties. These characteristics may contribute to the

reduction of *Kandu* and other inflammatory manifestations of *Dadru*. The thesis discussion also attributes a *Kledana-nashaka* effect to *Panchakasaya Yoga*. *Raag* showed 11.54% relief in Group A and 15.79% in Group B. Both groups showed statistically significant improvement ($p < 0.05$), with a significant between-group difference ($t = 2.48$, $p < 0.05$). The *Tikta* and *Kashaya* dominant drugs of *Panchakasaya Yoga*, particularly *Nimba*, *Vasa* and *Priyangu*, are described as *Kapha-Pitta* pacifying and may therefore be relevant to the reduction of *Raag* and associated inflammatory manifestations. *Pidaka* showed 25.58% relief in Group A and 45.46% in Group B. Both groups demonstrated very highly significant improvement ($p < 0.001$), while the between-group comparison was significant ($t = 1.68$, $p < 0.05$). The *Lekhana* and *Kapha*-pacifying properties attributed to *Madanaphala* and *Vacha* may help reduce *Pidaka*. In *Panchakasaya Yoga*, the combined properties of *Vacha*, *Nimba*, *Patola* and other ingredients may contribute to reduction of *Kapha*, *Kleda* and associated skin manifestations. *Utsanna Mandala* showed 22.23% relief in Group A and 36.29% in Group B. Improvement was very highly significant in both groups ($p < 0.001$) and the between-group difference was significant ($t = 2.16$, $p < 0.05$). The reduction of *Mandala* may be related to the *Dosha-Shodhana* effect of *Vamana* along with the *Lekhana* and *Kapha-Pitta* balancing properties of the formulations. *Daha* showed 16.33% relief in Group A and 26.23% in Group B. Although improvement was statistically significant within both groups, the difference between the groups was not significant ($t = -0.764$, $p > 0.05$). This indicates that both interventions produced improvement in *Daha*, but the difference between them could not be established statistically. *Rukshata* showed 22.22% relief in Group A and 26.23% in Group B, with very highly significant improvement in both groups ($p < 0.001$). The between-group difference was highly significant ($t = 2.86$, $p < 0.01$). The improvement

may partly be understood in relation to *Snehapana*, *Abhyanga* and *Swedana* administered during *Purva Karma*, which help counteract excessive *Rukshata*, while the subsequent *Vamana* facilitates *Dosha* elimination. Overall, both therapeutic regimens produced improvement in all six subjective parameters. The clinical response can be understood through the combined action of *Purva Karma*, *Vamana Karma* and *Paschat Karma*, together with the *Rasa*, *Guna*, *Virya* and *Karma* of the respective *Vamana* formulations. The findings therefore support the therapeutic relevance of *Vamana*-based management in *Dadru*, while the magnitude and statistical significance of response varied according to the individual clinical parameter.

CONCLUSION

The present randomized comparative clinical study was undertaken to evaluate the efficacy of *Vamana Karma* with *Madanaphaladi Yoga* and *Panchakasaya Yoga* in the management of *Dadru* with special reference to *Tinea Corporis*. A total of 65 patients were enrolled, of whom 60 patients completed the study, with 30 patients in each group. Both groups underwent the same *Purva Karma* and *Paschat Karma*, while the *Vamana Yoga* used during *Pradhana Karma* differed between the groups.

The findings of the study demonstrated improvement in all the assessed subjective parameters, namely *Kandu*, *Raag*, *Pidaka*, *Utsanna Mandala*, *Daha* and *Rukshata*, in both treatment groups. The percentage of relief was higher in Group B for all six parameters. Statistically significant differences between the groups were observed for *Kandu*, *Raag*, *Pidaka* and *Utsanna Mandala*, while *Rukshata* showed a highly significant difference. In the case of *Daha*, although improvement was observed in both groups, the difference between the groups was not statistically significant.

Table 5: Arbitrary scoring of Parameters

S.No	Clinical Features	Absent	Mild	Moderate	Severe
1.	<i>Kandu</i> (Itching)	1	2	3	4
2.	<i>Daha</i> (Burning Sensation)	1	2	3	4
3.	<i>Rukshata</i> (Dryness)	1	2	3	4
4.	<i>Raag</i> (Erythema)	1	2	3	4
5.	<i>Pidaka</i> (Papules)	1	2	3	4
6.	<i>Utsanna Mandala</i> (Elevated Patches)	1	2	3	4

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