



Efficacy of Chakramarda Beej Churna Lepa with Kanji (Externally) in the Management of Dadru W.S.R. to Tinea Corporis

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ABSTRACT

In contemporary medical science, management of Tinea is carried out with usage of topical or systemic antifungal, corticosteroids. Long lasting usage produce the adverse effect also. Possible palliative treatment is with Ayurveda. There are numerous Yogas in Ayurveda for the treatment of Dadru Kushta, in which, Chakramardadi Lepa are too safe, economical and easily available formulations. Considering these properties, it was selected for the management of DadruKushta, for this present clinical study.

KEY WORDS: -Dadru, Kushta, Mithya Ahaar, Pidakas, Rukshata, Mandala

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INTRODUCTION

All the skin diseases in Ayurveda have been further classified in to Mahakushta and Kshudrakushta. Dadru is one among the Kushta. Acharya Charaka has included Dadru in KhsudraKushta, Whereas Acharya Vagbhata and Acharya Sushruta have explained under Mahakushta [1]. It involves the clinical features like Kandu, Deerghapratana, Utsanna, Mandala, Raaga, Pidakas which exhibits involvement of Kapha and Pitta [2]. Acharya Vagbhata especially mentioned Dadru as Anusangika. Ayurvedic Classics have considered each type of Kushta to be a Tridoshaja manifestation. Nonetheless their Doshik identity can be established on the basis of dominance of Dosha in the Samprapti. Thus, Dadru is purely Kaphaja phenomenon.

On the basis of presenting symptomatology most of the scholars have simulated Dadru with 'Tinea' through modern perspective. It comes under, superficial fungal infections of the skin.

Skin diseases are mainly caused by the involvement of several micro-organism where Tinea is one among them. Tinea (Ringworm) infection is caused by a distinct class of fungi [3]. They thrive in keratin layer of the epidermis, nails and hair. However, they do not invade the living epidermis. The serum fungal inhibitory factors in the extra vascular space prevent the penetration of the fungi in the living tissue. Several factors such as poor nutrition, unhygienic conditions, hot and humid climate, vocation promoting sweating and maceration, Diabetes mellitus, debilitating diseases, administration of corticosteroids and immunosuppressive agent, atopy, close and intimate contact with infected persons, animals and fomites predispose to ringworm infection [4]. It should be noted that 10 - 15% of the general practitioners work with skin disorders. 5 out of 1000 people are suffering from Tinea infection.

In contemporary medical science, management of Tinea is carried out with usage of topical or systemic antifungal, corticosteroids. Long lasting usage produce the adverse effect also [5]. Possible palliative treatment is with Ayurveda. There are numerous Yogas in Ayurveda for the treatment of DadruKushta, in which, Chakramardadi Lepa [6] are too safe, economical and easily available formulations. Considering these properties, it was selected for the management of DadruKushta, for this present clinical study. To

study the efficacy of Chakramarda Beej Churna with Kanji (externally lepa) in the management of Dadruw.s.r. to Tinea Corporis

HYPOTHESIS

The use of Chakramarda Beej Churna with kanji for Lepa may be effective in the management of Dadru.

NULL HYPOTHESIS

The use of Chakramarda Beej Churna with kanji for Lepa may not be effective in the management of Dadru.

MATERIAL AND METHODS

MATERIALS: -In the present study Chakramarda Beej Churna with Kanji was tried as bahyaprayoga

DRUG PREPARATION: -For the preparation of Chakramarda Beej Churna with Kanji - Chakramarda Beej Churna and kanji used together

Preparation of Chakramarda Beej Churna Lepa: -For Chakramarda Beej Churna with kanji preparation ingredients and quantity of medicines is explained in table.

Table No-1 Ingredients and quantity of Chakramarda Beej Churna Lepa:

Sr. No.	Ingredients	Proportion
1	Chakramarda Beej Churna	1 part
2	Kanji	1 part

METHOD OF PREPARATION: -1. Take Chakramarda Beej and allow to dry it into sunlight. 2. In khalvayantra make it Chruna

METHODOLOGY: - Method of examination was followed as said in ayurvedic literature i.e. Rogapariksha by Nidanpanchak and Rogipariksha by Trividhpariksha And diagnosed Dadru on the basis Of Pratyatmalakshnasi.e. Kandu, Raga,Pidika ,Daha ,Rookhata,UdgataMandala [7].

NUMBER OF PATIENTS: -Clinical experimental sample study of 10 patients selected from OPD of skin disease on B.V.A.H. Pune and fulfilling following criteria .

INCLUSION CRITERIA: -1. Pratyatma Lakshanas of Dadru W.S.R. to Tinea Corporis. 2. Age group from 18 to 70 years. 3. Newly diagnosed patient of Dadru. 4. Patient of either sex irrespective of caste, religion and socio-economic status.

EXCLUSION CRITERIA:1) Patient suffering from any other acute or chronic, systemic or local disorders like DM, HTN, Psoriasis, fractures, Tuberculosis, HIV, Leprosy etc.2)Tinea with complication.3) Pregnancy and lactation 4) Infective focus

DIAGNOSTIC CRITERIA: According to classical signs and symptoms of Dadru: - 1) Kandu, 2) Raga 3) Pidika 4) Daha5) Rukshata5) Udgata mandala [8-14].

Investigations:1) CBC 2) ESR

ASSESSMENT CRITERIA -for clinical features, signs and symptoms, DoshaDushya were as follows

Table No-2 Sign and Symptoms Assessment Criteria of Dadru

No	Sign and symptoms	0	1	2	3
1.	Kandu	No Itching	Mild Itching	Moderate Itching	Severe Itching
2.	Skin colour	Normal skin colour	Faint normal pinkish	Red, brown colour	Blackish, colour
3.	Scaling	No scaling	Mild scaling off	Moderate scaling off	Sever scaling off
4.	Visarpana(Spreading)	No Spreading	Slow Spreading	Medium Spreading	Fast Spreading
5.	Rukshata	No Rukshata	Mild Rusksh	Moderate Ruksh	Severe Rukshata
6.	Number of Mandala	No Mandala	1 to 10	10 to 20	More than 20

Table 3: ACCORDING TO AGE

Age group	No. of Patient	Percentage (%)
12- 30	06	60.00%
31 - 50	03	30.00%
51 - 80	01	10.00%

Table:4-ACCORDING TO GENDER

Gender	No. of Patients	Percentage (%)
Male	06	60.00%
Female	04	40.00%

Table 5: OVERALL EFFECT ON SIGNS & SYMPTOMS

Symptoms	Mean score		X	%	S.D. +	S.E. +	't'	'p'
	B.T.	A.T.						
Kandu	3.7	1.0	2.6	97.27	0.5164	0.1633	15.92	<0.001
Mandala	2.8	0.5	2.3	82.14	0.6749	0.2134	10.78	<0.001
Vaivarnya	2	0.8	1.2	63.78	0.4216	0.1333	9	<0.001
Rukshata	3.3	0.5	2.8	84.85	0.7888	0.2494	11.22	<0.001
Daha	2.33	0.17	2.17	92.86	0.7528	0.3073	7.05	<0.001
Scaling	1.5	0	1.5	100	0.7071	0.5	3	>0.10

DISCUSSION

All the skin diseases in Ayurveda have been which are further classified in to Mahakushta and Kshudrakushta. Dadru is one among the Kushta. Acharya Charaka has included Dadru in KhsudraKushta, Whereas Acharya Vagbhata and Acharya Sushruta have explained under Mahakushta. It involves the clinical features like Kandu, Deerghapratana, Utsanna, Mandala, Raaga, Pidakas which exhibits involvement of Kapha and Pitta. Acharya Vagbhata especially mentioned Dadru as Anusangika. Ayurvedic Classics have considered each type of Kushta to be a Tridoshaja manifestation. Nonetheless their Doshik identity can be established on the basis of dominance of Dosha in the Samprapti. Thus, Dadru is purely Kaphaja phenomenon.

On the basis of presenting symptomatology most of the scholars have simulated Dadru with 'Tinea' through modern perspective. It comes under, superficial fungal infections of the skin.

Discussion on materials and methods Action of drug: -In the present study, an effort has been made to discuss the probable mode of action of Chakramarda Beej Churna with Kanji (externally Lepa) in the management of Dadru

The vitiation of the Doshas occurs due to the Nidana Sevana. This vitiated Doshas forms the Ama. This Ama goes in ThiryakaGatiand traverses the channels and vitiates the Twaka, Laseeka, Rakta, Mamsa and then it comes over the skin surface in the form of eruptions.

Probable mode of action of Chakramarda Beej Churna: -The pharmacodynamics properties of Chakramarda Beej Churnaare:⁽¹⁵⁾

Guna (qualities)-Laghu -light to digest, Rooksha -Dryness, Rasa (taste)- Katu- Pungen, Vipaka- Katu, Veerya - Ushna,Effect on Tridosha -Balances VataDosha.

Action: Ushna, Rooksha, Hrudyaya, Svadu, Katu, Laghu, Vishtambhi, SrushtaVitMutra -increases volume of urine and feces, Pittanilahara, Kantikara,Soukumaryakara, Hrudyaya, Medohara.

Kanji: having Rasa - Madhura, Guna - Laghu, Virya- Sheeta, Vipaka - Madhura, Dosha Karma-EffectPacifies Vata Doshaand Pitta Dosha.

Various observations were noted in the study, same are listed below: -

Gender Wise Distribution: -Out of 10 subjects enrolled in the study, 6 (60.00%) were male and 4 (40.00%) were females. Though Tinea Corporis on the whole is not known to have any gender wise predominance, still the 6:4 ratio observed in the study can be explained by realizing the fact that school covered during the surveys had maximum number of male students.

Habitat: -The study revealed that, the major proportion of patients i.e., 09(90.00%) out of total 10 belonged to urban area. The reason being is that Tinea Corporis spreads more in unhygienic conditions & overcrowded regions. Various researches have shown that disease prevalence is found more in urban areas of developing countries only. Thus, urban predominance found in the study is justifiable. But as study institute was in urban area urban patients are greater in number.

Diet: -Among total 10 patients, patients with mixed diet were 09 (90.00%) and only 01 patient (10.00 %) with vegetarian diet.

MithyaAhaar: - Out of total 10 patients, 05(50.00%) had habit of Adhyashan, 03 (30.00%) had Vishmashna, 01 (10.00%) were habitual ofAnashana. Only 01(10.00%) patient had the Samashan as a dietary habit. As per our ancient classics, MithyaAhaar has been the prime cause of utmost importance, as can be illustrated by the dietary habits of subjects included. Consumption of Viruddhahara give rise to disease of acute to chronic nature including the eight Maharogas, Kushta (Pama) being one amongst them.

Sleep Disturbance: -Sleep disturbance was present in 09 (90.00%) of the total whereas it was absent in 01 (10.00%) patient. As Tinea Corporis is frequently heralded by intense pruritus, which increases particularly in night time that causes the patient unable to sleep.

Skin Colour change (Varna): -Skin Colour change is mainly due to Vata& Pitta Dosha Vikruti, which correct by Tridoshagna properties of Chakramarda Beej and VataKaphaghna properties of Kanji

Kandu: -Kandu is mainly due to KaphaDushti. Which correct by Tridosha ghna properties of Chakramarda Beej and Vatapittaghna properties of kanji

PidikaVisarpana: -Pidika caused by the local Rakta/Kapha ushti& Katudosha of chakramarda and Madhurdosha of Kanji can normalizePidika.

Visarpana: -Visarpana caused by Vatadosha, &Chakramarda mainly well known for Balances Vatadosha Therefore, the drug Chakramarda Beej Churna with Kanji acts on the various signs & symptoms of Dadru as explained above. But in the study, significant reduction was observed in itching after the application of trial drug only, which is a predominant complaint in Dadru. Rest other symptoms showed no significant improvement. The reason behind this can be, as Dadru is a Vat pittajavyadhi, drug has Agnideepaka, Raktashodhaka, Saptadhatushodhaka, Krimihara etc. property. Therefore, significant result was seen in itching symptom but single application does not seem to be effective to cure other symptoms effectively.

CONCLUSION

The clinical study the efficacy of Chakramarda Beej Chuna with Kanji (externally) in the management of Dadru.w.s.r. to Tinea Corporis was aimed to evaluate the efficacy of selected Ayurvedic treatment that is Chakramarda Beej Chuna with Kanji in relieving the signs and symptoms of patients affected with Dadru. Considering the observations and results, following conclusions can be drawn. The drug “Chakramarda Beej Churna with Kanji” has shown its effect over Itching, burning sensation, Rash, Papules which are main complaint in Tinea Corporis, these drugs have no adverse and toxic effect observed in the study.

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