Clinical evaluation of the efficacy of Laghu Manjisthadi Kwatha and Chakramardadi Lepa in Dadru (Tinea)

Dr. S. M. Melashankar, Dr. Sharada¹

Post Graduate Scholar, ¹Professor and Head, Department of PG Studies in Kayachikitsa, Rajiv Gandhi Education Society’s Ayurveda Medical College and PG Research Centre, Ron, Karnataka, India

ABSTRACT

Skin is the largest organ of human body. It’s size and external location makes it susceptible to a wide variety of disorders. In recent years, there has been a considerable increase in the incidence of skin problems in the tropical and developing countries like India due to various reasons like poverty, poor sanitation, unhygienic condition, pollution, etc. Dadru (tinea) is one among the Kushta Roga. According to most of Ayurvedic texts, all types of Kushta have been considered as Rakta Doshaja Vikara. Dadru is one of the Kapha-Pitta Pradhana Twak Vikara, affecting all the age of population. It can be correlated with Tinea infections. 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. There are different treatment modalities which can be applied, as per the requirement of the situation. Some skin conditions requires Shodhana, some needs only Shamana, some requires repeated Shodhana, Raktamokshana etc., Dadru is a condition again where all the treatment modalities can be applied. So here in this study Laghu Manjisthadi Kwatha and Cakramardhadi Lepa was used to evaluate the efficacy in Dadru.

Key words: Dadru, Tinea, Laghu Manjisthadi Kwatha, Chakramardhadi Lepa.

INTRODUCTION

Skin is the largest organ of human body. It’s size and external location makes it susceptible to wide variety of disorders. In recent years, there has been a considerable increase in the incidence of skin problem in the tropical and developing countries like India.¹ The skin is also available for minute observations so that important and sometimes insignificant alterations may be brought to the attention of the physician. Normal skin maintains an interrelated integrity and it is the purpose of this research work to study in detail some deviations from that integrity through clinical point of view.

All the skin diseases in Ayurveda have been classified under the broad heading of ‘Kushta’ which are further classified in to Mahakushta and Kshudrakushta. Dadru is one among the Kushta.² Acharya Charaka has included Dadru in Khsudra Kushta,³ where as Acharya Vagbhata and Acharya Sushruta have explained under Mahakushta.⁴⁵ It involves the clinical features like Kandu, Deerghapratana, Utsanna, Mandala, Raaga, Pidakas which exhibits involvement of Kapha and Pitta. Acharya Vagbhata especially

Address for correspondence:
Dr. Sanganagouda M. Melashankar
Post Graduate Scholar, Dept. of PG Studies in Kayachikitsa, Rajiv Gandhi Education Society’s Ayurveda Medical College and PG Research Centre, Ron, Karnataka, India.
E-mail: dr.sanganagouda@gmail.com

Submission Date : 18/06/2016       Accepted Date: 28/06/2016

Access this article online

Website: www.jaims.in
DOI: 10.21760/jaims.v1i1.3632
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. 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. 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. Possible palliative treatment is with Ayurveda. There are numerous Yogas in Ayurveda for the treatment of Dadru Kushta, in which Laghu Manjisthadi Kwatha and Cakramardadi Lepa are two safe, economical and easily available formulations. Considering these properties the Yoga’s were selected for the management of Dadru Kushta, for this present clinical study.

MATERIALS AND METHODS

Study design and Patient selection

It is Single group, observational clinical study with pre & post test design conducted on 40 patients attending the O.P.D and I.P.D. of R.G.E.S, Ayurvedic Medical College, Hospital, P.G. Studies & Research Center, Ron. An elaborative case taking proforma was specially designed for the purpose of incorporating all aspects of the disease on Ayurvedic parlance. Informed consent was taken from the patient before including them in the trial.

Inclusion and exclusion criteria

Patients of both sex in between 10 to 60 years of age with classical signs and symptoms of Dadru Kushta were included in the trial.

Patients with other systemic disorders associated with other skin diseases, and those suffering from HIV infection were excluded from the trial.

Trial drug and Posology

Laghu Manjisthadi Kwatha

- Dosage : Laghu Manjisthadi Kwatha 48 ml in 2 divided dosage, before meal.
- Duration : 1 month
- Time : Morning and Night
- Follow up Treatment : After every 10 day
- Post Treatment follow up : 60th day

Cakramardhadi Lepa

- Dosage : Required quanity of Cakramardhadi Lepa taken and mix with Kanji apply over the affected part of the body (External application)
- Duration : 1 month
- Time : Morning and Evening
- Follow up Treatment: After every 10 day
- Post Treatment follow up : 60th day

OBSERVATIONS AND RESULTS

Out of 40 patients, Dadru was found in Upper extremities in 7 patients i.e. 17.5%, 9 patients i.e. 22.5% Only Lower Extrimesties, 10patients i.e. 25% only Trunk and Thorax, 2 patient i.e 5% only head and neck, 3 patients i.e. 7.5% Head, Neck and Upper Extr,5 patients i.e. 12.5% Head, Neck and Lower Extr, 4 patients i.e. 10% were from Head, Neck, and Trunk and Thorax.

Maximum 26(65%) of patients were having Kapha Pittaj Prakriti followed by 7 (17.5%) patients were of
Vata Kapha Prakriti, 07( 17.5%) of patients were having Vata Pitta Prakriti.

In this series 2 (5%) of patients were Pravara Sara, 34 (85%) patients were Madhyama Sara, followed by 4(10%) of patients were Avara Sara. In Samahanana maximum i.e. 32 (80%) were having Madhyama Samhita, remaining 8 (20%) patients were having Susamhita. Among 40 patients 30 (75%) of patients were having Madhyama Satmya, followed by 10 (25%) of patients were Pravara Satmya. In Vyayamashakti maximum i.e. 32 (80%) were having Madhyama, 6 (15%) of patients from Pravara, and 2 (5%) of patients from Avara Vyayamashakti. [Table 1]

Table 1: Observations of Patients based on Sara, Samhanana, Satmya, Vyayamashakti.

<table>
<thead>
<tr>
<th>Sl.</th>
<th>Observation</th>
<th>Lakshana</th>
<th>No. of Patient</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sara</td>
<td>Pravara</td>
<td>02</td>
<td>05</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Madhyama</td>
<td>34</td>
<td>85</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Avara</td>
<td>04</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>Samhanana</td>
<td>Susamhita</td>
<td>08</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Madhyama samhita</td>
<td>32</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Avara samhita</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>3</td>
<td>Satmya</td>
<td>Pravara</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Madhyama</td>
<td>30</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Avara</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>4</td>
<td>Vyayama Shakti</td>
<td>Pravara</td>
<td>06</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Madhyama</td>
<td>32</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Avara</td>
<td>02</td>
<td>05</td>
</tr>
</tbody>
</table>

The result obtained regarding the parameter Kandu, before mean was 2.43 after treatment it was a 0.20 & t value was 17.87 which showed highly significance as the ‘p’ value is less than 0.001. The result obtained regarding the parameter Raaga, before treatment mean was 2.65 after treatment it was converted into 0.35 ‘ t’ value was 19.28 Which was statistically highly significant (p<0.001). In parameter Pidaka, before treatment mean was 2.73 after treatment it became 0.25 and ‘t’ value is 21.09 Which was statistically highly significant (p<0.001). Among 40 patients, the number of Mandal, before treatment mean was 1.23 after treatment it was 0.20 & ‘t’ value was 11.06 which was statistically highly significant (p<0.001). Among 40 patients before treatment size of Mandal mean was 1.32 it converted into 0.20 after treatment & ‘t’ value was 10.72 totally result was statistically highly significant (p<0.001). [Table 2]

Table 2: Showing Effect of therapy on signs and symptoms of Dadru

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Mean BT</th>
<th>Mean AT</th>
<th>S.D (±)</th>
<th>‘t’ Value</th>
<th>‘p’ Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kandu</td>
<td>2.43</td>
<td>0.20</td>
<td>2.23</td>
<td>0.832</td>
<td>17.87</td>
</tr>
<tr>
<td>Raaga</td>
<td>2.65</td>
<td>0.35</td>
<td>2.30</td>
<td>0.823</td>
<td>19.28</td>
</tr>
<tr>
<td>Pidika</td>
<td>2.73</td>
<td>0.25</td>
<td>2.48</td>
<td>0.784</td>
<td>21.09</td>
</tr>
<tr>
<td>No. of Mandal</td>
<td>1.23</td>
<td>0.20</td>
<td>1.03</td>
<td>0.480</td>
<td>11.06</td>
</tr>
<tr>
<td>Size of Mandal</td>
<td>1.32</td>
<td>0.20</td>
<td>1.12</td>
<td>0.697</td>
<td>10.72</td>
</tr>
</tbody>
</table>

DISCUSSION

Dadru is Kapha dominant disease, Besides its Rasagata manifestations. Hence considering this Acharya Sushruta has described its treatment as application of Shodhana Lepa. Bahiparimarjana Chikitsa or Shamana shows excellent result in the form of Lepa and internal medicines like Kwatha.

The disease mainly involves Rasavaha and Raktavaha Srotas. Further Srotas are never involved. This is the specificity of the pathogenesis of Dadru. The selected
drug for this study was ‘Laghu Manjisthadi Kwatha’ and ‘Cakramardadi Lepa’.

Highly significant result was observed in the symptom Kandu, this may be because of the Kandughna, Kustaghna, Kaphashamaka, Ushna Virya, which justifies the above result with regards to the Bahya Shaman Aushadha. As well internally the Kashaya has shown the effect on Kandu with its properties of Katu Rasa , Ushna Virya, Kaphapittahara, and Kustaghna property.

Raga is resultant of Pitta Prakopa. The Lepa as well as Kashaya have the properties of Pittashamama and Rakta Shodaka,Varnya, hence forth the observed above result.

The Pidika are produced due to the Kapha Pitta Pradhana Tridosha . The Ushna, Rooksha, Tikshna Gunas of both Bahya and Abhyantara Shamana acts on reducing the Pidikas.

Mandalas are resultant of Tridosha and four Dhatu. The Kustghna, Twakdoshara, Raktadoshahara , Laghurooksha Gun, etc. Gunas of Lepa and Kashaya helped in reducing the Mandalas of Dadru.

Probable mode of action of Laghu Manjistadi Kwatha

The ingredients of Laghu Manjistadi Kwatha are Manjistha, Haritaki, Vibhitaki, Amalaki, Katuki, Vaca, Devadaru, Haidra and Nimba Twak which have the properties like Agnidipaka, Raktashodaka, Samsrana, Pitta Kaphahara, Kustaghna, Kashaya, Tikta, Katu Rasa, Laghu Raksha Gun, Usna Virya, Pittakapha Shamaka, Kustaghna etc.

Dadru is Kapha Pradhana Vyadhi . Thus formulation which contains the Katu, Tikta Rasa, Ushna Virya which acts as Kaphahara.

In Dadru Kusta, Rasa, Rakta, Mamsa, Ambu are the main Dushya. Rasa Dhatu Dushhti is produced by Rasa Dhatvagnimandya and Jatharagnimandya. Karma like Deepana,Pachana and Agni that produce proper Rasa Dhatu which correct Kapha as it is Aashraya of Rasa Dhatu the drugs like Vibhitaki and Amalaki having properties like Deepana, the drugs having Rakta Shodhaka properties are Manjista, Katuki, Devadaru, Haridra,Nimba. All ingredients have the Laghu, Rukhsaguna helps to correct the vitiation of Mamsa Dhatu.

Probable mode of action of Cakramadadi Lepa

The contents of Cakramardadi Lepa are the seeds of Chakramarda, Kushta, Sarshapa, Vidanga and Saindhava Lavana and mixed with Kanji. All these have conferred Cakramardadi Lepa with the properties like Ushna, Tikshna, Laghu, Ruksha, Vishada Gun, Ushna Virya and Katu Vipaka. This Lepa is also having Sukshma property as it is macerated with Kanji for two times. Dadru is Kapha dominant. Upon topical application, the active principles of the Lepa reach to the deeper tissues through Siramukha and Swedavahi Srotas and stain it with its Sukshma and Tikshna property.

Due to its Ushna, Tikshna, Vishad and Sukshma properties it blocks the obstruction in Swedavahi Srotas & allows the local toxins to flow out through the Sweda, thus clearing out the micro channels. The Ushna Virya of Cakramardadi Lepa and Snigdha Gun of its vehicle i.e. Kanji causes pacification of Kapha which forms the Samprapti Vighatana thus alleviating the symptoms. In most of the patients Kandu was relieved significantly was due to the Kandughna property of Chakramarda and Kushta.

CONCLUSION

Dadru, one of the Mahakushta, is a very contagious rigid skin disorder which can be correlated to tinea. In the present study both the Laghu Manjisthadi Kwatha and Chakramarda Lepa showed highly significant result but after followup there were few cases of recurrences which indicated that the Krimi can’t be eradicated so easily. The maintenance of hygiene is a very important issue and not to be neglected during treatment.

REFERENCES


http://dx.doi.org/10.21760/jaims.v1i1.3632

Source of Support: Nil, Conflict of Interest: None declared.