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

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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 *Chakramardadi Lepa* was used to evaluate the efficacy in *Dadru*.

Key words: *Dadru*, Tinea, *Laghu Manjisthadi Kwatha*, *Chakramardadi 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*.^{[4],[5]} It involves the clinical features like *Kandu*, *Deerghapratana*, *Utsanna*, *Mandala*, *Raaga*, *Pidakas* which exhibits involvement of *Kapha* and *Pitta*. Acharya Vagbhata especially

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mentioned *Dadru* as *Anusangika*.^[6] 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.^[12] It should be noted that 10 - 15% of the general practitioners work with skin disorders.^[7] 5 out of 1000 people are suffering from Tinea infection.^[8]

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.^[9] 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 Kusta* 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

Cakramardadi Lepa

- Dosage : Required quantity of Cakramardadi 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 Extrimities, 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 32(80%) of patients were 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.

Sl.	Observation	Lakshana	No. of Patient	Percentage (%)
1	Sara	Pravara	02	05
		Madhyama	34	85
		Avara	04	10
2	Samahanana	Susamhita	08	20
		Madhyama samhita	32	80
		Avara samhita	00	00
3	Satmya	Pravara	10	25
		Madhyama	30	75
		Avara	00	00
4	Vyayama Shakti	Pravara	06	15
		Madhyama	32	80
		Avara	02	05

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

Symptom	Mean			S.D (±)	't' Value	'p' Value
	BT	AT	BT-AT			
Kandu	2.43	0.20	2.23	0.832	17.87	<0.001
Raaga	2.65	0.35	2.30	0.823	19.28	<0.001
Pidika	2.73	0.25	2.48	0.784	21.09	<0.001
No. of Mandal	1.23	0.20	1.03	0.480	11.06	<0.001
Size of Mandal	1.32	0.20	1.12	0.697	10.72	<0.001

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 *Pittashamana* 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*, *Laghu-rooksha Guna*, etc. *Gunas* of *Lepa* and *Kashaya* helped in reducing the *Mandalas* of *Dadru*.

Probable mode of action of Laghu Manjisthadi Kwatha

The ingredients of *Laghu Manjisthadi 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 Ruksha Guna*, *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 Dushti* 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 *Manjistha*, *Katuki*, *Devadaru*, *Haridra*, *Nimba*. All ingredients have the *Laghu*,

Rukhsaguna helps to correct the vitiation of *Mamsa Dhatu*.

Probable mode of action of Cakramardadi 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 Guna*, *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 Guna* 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 *Chakramardadi 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.

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