

The Efficacy of Aragwadh Patra Churna with Kanji (Externally Lepa) In the Management of Dadru.S.R. To Tinea Corporis

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ABSTRACT

10 patients were selected as per inclusive criteria with presenting symptoms Kandu, Skin colour change, Visarpan, Vrana, No. of Mandala etc. The Study was single open clinical trial. All the patients administered Aragwadh Patra Churna with Kanji for External lepa on Skin lesion. The assessment of treatment was done on 0, 7th, 14th day. The Aragwadh Patra Churna with Kanji showed significant relief in above symptoms during / after treatment. During study period no any adverse effects of drugs were seen. The Aragwadh Patra Churna with Kanji is safe and effective in Dadru.

KEYWORDS: Aragwadh patra Churna, Kanji, Dadru, Tinea Corporis,

dermatophytes, which now constitutes a serious threat to management. Ayurveda can be an answer in this regard as there are many formulations in its literatures. This study testing the efficacy of Aragwadh Patra churna lepa with Kanji (externally) in the management of Dadru w.s.r. to tinea Corporis.

OBJECTIVES:

1. To study the disease dadru with special reference to tinea corporis.
2. To evaluate the efficacy of Aragwadh patra Churna with kanji (externally Lepa) in the management of Dadru.

HYPOTHESIS:

The use of Aragwadh patra Churna with kanji for locally lepa may be effective in the management of Dadru.

MATERIALS

In the present study Aragwadha Patra Churna with Kanji was tried as bahya prayoga.

I. INTRODUCTION:

Tinea Corporis has been a scourge among human beings for thousands of years. Its worldwide occurrence as an epidemic is responsible for infestation of an estimated 300 million people. Highly contagious nature of the disease, chances of development of secondary infections & side effect of the topical antifungals with steroids along with development of resistance against them in

Table No. 1 : Ingredients and quantity of Aragwadha Patra ChurnaLepa:

Sr. No.	Ingredients	Proportion
1	Aragwadha Patra Churna	1 part
2	Kanji	1 parts

PREPARATION METHOD OF DRUG:

1. Take Aragwadha Patra and allow to dry it in shadow.
2. Dried Aragwadha Patra churned in Mixer.
3. Sewed powder by 40 no. mesh.
4. Powder stored in glass bottle.

METHODOLOGY:

Method of examination was followed as said in ayurvedic literature i.e. rogapariksha by nidanpanchak and rogiapariksha by trividhpariksha and diagnosed dadru on the basis of pratyatmalakshnas i.e. Kandu, Raga, Pidika, Daha, Rookhata, Udgata mandala

. Number of patients
 10 patients selected from OPD of skin diseases as per inclusion criteria.

INCLUSION CRITERIA:

- 1 . Pratyatma lakshanas of Dadru w.s.r. to Tinea Corporis.
 According to Charak Kandu, Rag (Daha), Pidika, Mandala are the lakshana of Dadru.
2. Age group from 18 to 70 years.
3. Newly diagnosed patient of Dadru.

4. Patient of either gender, 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 complications.
3. Pregnancy and lactation.
4. Patient below 18 yrs. and above 70 yrs.

Table No. 2: Drug administration schedule

Drug	Aragwadha Patrachurnawithkanji
Dose	Quantity according to affected area for external application.
Route of administration	local application-Externally-on affected region
Kala	Aragwadha Patra churna is mixed with equal amount of kanji is applied on patches morning and evening
Course of treatment	External application of Aragwadha Patra churna is mixed with equal amount of kanji is applied on patches morning and evening daily for 14 days
Follow up	0 th , 7 th and 14 th day.

II. OBSERVATIONS & RESULTS:

Table No.3. According to effect on sign and symptoms

No	Sign and symptoms	Before	%	After	%
1	Kandu	10	100	5	50
2	Skin Colour change	10	100	6	60
3	Visarpana	9	90	1	10
4	Vrana	10	100	6	60
5	No. of mandala	10	100	5	50
6	Pidika on lesion	5	50	2	20

According to signs and symptoms 50% patients got relief in Kandu, 60% patients in Skin colour change, 10% in Visarpan, 60% in Varna, 50% in No. of mandala, 20% relief in Pidika on lesion border.

III. DISCUSSION:

Any research work without being discussed about its nature, utility and importance is said to be incomplete. Discussion improves the knowledge and establishes the concept. Thus

discussion is the most essential phase of any research work.

In this study, Discussion can be done on following heading.

1. Discussion on literature review :

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. Acharya Charaka has included

Dadru in Khsudra Kushta, Whereas Acharya Vagbhata and Acharya Sushruta have explained under Mahakushta. It involves the clinical features like Kandu, Deerghapratana, Utsanna, Mandala, Raga, 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.

2. 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 Aragwad Patra 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 thiryakagati and 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 Aragwad Patra Churna The pharmacodynamics properties of Aragwad Patra Churna are: Guna (qualities) – Guru (heavy to digest) Snigdha –oily, Rasa (taste) –madhur.

Vipaka- madhur–Undergoes sweet taste conversion after digestion.

Veerya –sheet –cold potency

Effect on Tridosha –Balances vata and pitta Dosha, Prabhav - Sansran.

Action:

Sheet-cool

Snigdha-oliy

Hrudya –acts as cardiac tonic, congenial for heart

Svadu –sweet

Guru –heavy to digest

Vishtambhi –constipative

SrushtaVit Mutra –increases volume of urine and feces

Pittanilahara –balances Pitta and Vata Dosha.

Kantikara improves skin

glow and complexion

Souku maryakara –improves skin softness and makes it look young

Shu laghna-pain relief.

Kanji:

Rasa (Taste)

Guna (Main Quality)

Virya (Potency)

Vipaka (Resultant)

Dosha Karma (Effect On

Dosha)

Madhura (Sweet)

Laghu (Light)

Sheeta (Cold)

Madhura (Sweet)

Pacifies Vata Dosha And Pitta Dosha

3. Discussion On Observations:

Various observations are listed below:-

According to age

Out of 10 patients, 3 (30%) patients were of 18-30 years and 7 (70%) patients are of 31 -70years. Maximum patients were from middle age group, this may be due to more working time and not taking proper care of skin hygiene.

Gender Wise Distribution

Out of 10 patients enrolled in the study, 7 (70%) were male and 3 (30%) were females. Though Tinea Corporis on the whole is not known to have any gender wise predominance, still the 7:3 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. 9(90%)out of total 10(100%) 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(100%) patients, patients with mixed diet were 9 (90%) and only 1 (10%) patients with vegetarian diet.

Mithya Ahaar

Out of total 10(100%) patients, 05(50%) had habit of adhyashan, 3 (30%) had vishmashna, 1 (10%) were habitual of anashana. Only 1 (10%)

patient had the samashan as a dietary habit. As per our ancient classics, mithya ahaar 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 9 (90%) of the total whereas it was absent in 1 (10%) patients. As Tinea Corporis is frequently heralded by intense pruritus, which increases particularly in night time that causes the patient unable to sleep.

Enrolment of number of patients according to symptoms

- 1) Out of 10 patients all of had Kandu, Skin changes, Vrana, mandalas in different severity.
- 2) Out of 10 patients 9 were with Visarपालक्षणा.
- 3) Only 5 patients out of 10 had Pitika on lesions.

Result:

Comparing all the symptoms before and after treatment of these two drugs combination had significant action in management of DADRU, as itching was significantly reduced and mild effect on other symptoms.

Skin Colour change (Varna)

Skin Colour change is mainly due to Vata & Pitta doshvikruti, which correct by Tridoshagna properties of Aragwadh Patra and Vatkaphagna properties of kanji.

Kandu

Kandu is mainly due to kapha dushti. Which correct by tridoshagna properties of Kanji and vatpittagna properties of Aragwadh Patra Churna.

Pidika Visarpana

Pidika caused by the local Rakta/Kaphadushti & katu dosha of Aragwadh Patra and Madhurdosha of kanji can normalise pidika.

Visarpana

Visarpana caused by Vata dosha, & Aragwadh Patra mainly well known for Balances Vata dosha.

The drug Aragwadh Patra Churna with Kanji acts on the various signs & symptoms of Dadru as explained above. 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. Thus significant result was seen in itching symptom but single application does not seem to be effective to cure other symptoms effectively

IV. CONCLUSION:

In the study of Dadru with special reference to Tinea Corporis is in Ayurveda 'Dadru' term is used for lesions present on all over body and Tinea Corporis is for both limbs, upper trunk, lower trunk and back only.

The drug "Aragwadh Patra Churna with Kanji" has shown its effect mainly on Itching.

The drug "Aragwadh Patra Churna with Kanji" has shown mild effect on remaining symptoms like, 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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