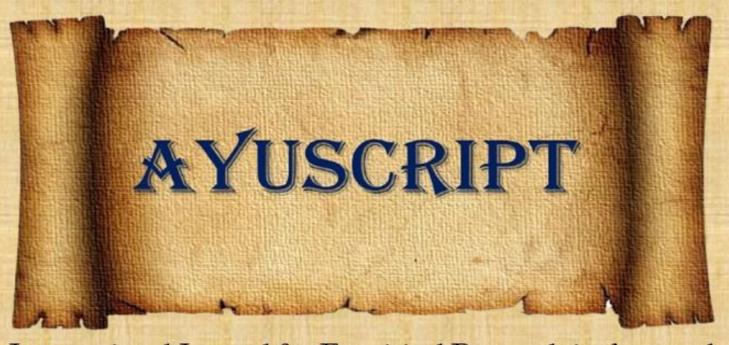
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गन्तस्मा द्वारकं त्रसमक्त्ययत्॥१ भाविष्यक्रमा समाद्वयपुरीहारकार मंत्री। त्रवेशे श्वासहित्रस्त्रीरिणवेष व्याधिकत्र्यः १९॥ भवनात्रिम मनोद्वारि रियमध्य यक्त्ययत्॥ पार्जात्रम् वेषमा सामाग्राय कत्ययत् १९११ स्व सामारहात्मव्यद्वपंचात्रात्मे र्वयः अस्तिप्वहक्षेत्रोत्मकाव स्ति।व्यात् राजास्यव्यक्षेत्रा। १। स्रेमीध्वतिरमासाय तम्मनस्तत् याचस्यः सनादः स्वयस्तिपस्तरं मृह्द १९ वृद्धिमा चार् ५) खनित्सर् नेष्ट्यस्य स्वयद्वात्रात् । स्वयस्तिपस्तरं मृह्द १९ वृद्धिमा चार् ५) खनित्सर् नेष्ट्यस्य स्वयद्वात्र्यः स्वयद्वात्रस्य स्वयस्य स्



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EFFECT OF CHAKRAMARD BEEJ CHURNA LEPA WITH MULAK SWARAS IN THE MANAGEMENT OF DADRU KUSHTA.

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ABSTRACT

Background and objective: To study the effect of Chakramard beej churna lepa with mulak swaras in the management of Dadru kushtha. **Methodology:** The research was carried out at The Swastha rakshan OPD of Lok nete Rajaram Bapu Patil Ayurvedic college and Research centre, Islampur Sangli. In this randamised clinical study total of 60 patients were enrolled. 30 patients received research drug and 30 received control drug as an ointment topically applied twice daily for 21 days and follow up at every 7th day for 28 days. **Result:** By comparing assessment criteria before and after treatment it was found that there was significant action of research drug on dadru kushta. **Statistical analysis:** As per statistical analysis chakramard beej churn lepa with mulak swaras showed a significant effect. **Conclusion:** In the present study it has been proved that chakramard beej churna lepa with mulak swaras is effective on dadru kushta.

KEYWORDS: Chakramard beej churna lepa, Mulak swaras, Dadru kushta.

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Introduction

In recent years, skin diseases have gained more importance and attention, by medical science as well as the public. There is a definite increase in its incidence especially, in the tropical and developing countries like India due to various reasons like poverty. unhygienic environmental conditions, sanitation, illiteracy, poor malnutrition, improper skin care etc.1 Skin infection due to dermatophytes become a significant health problem affecting children, adolescents and adults.2 Skin diseases accounts for prevalence rate 10-20% of all consultation in general practice.3 In India, 5 out of 1000 people are suffering from Tinea infections.4 They are predominantly caused bv dermatophytes. Most cases of Tinea cruris, Tinea corporis and Tinea pedis are caused by Trichophyton rubrum which is the commonest dermatophyte in most developed countries as well as in urban areas of some developing countries.⁵ In Ayurveda, skin diseases are described under the heading of kushtha roga by Maharshi Charka. Kushta is the skin disease where vitiation of twak is found. It means the damage of the skin in any form as severe, moderate or mild. The severity of damage ranges from twak vaivarnya or discolouration of the skin up to loss of organ or shakha (For e.g.loss of toes absorption of fingers or leprosy). Charkacharya described two types of kushta.1)Mahakushtha Kshudrakushtha. There are seven types of Mahakushtha and eleven types of kshudrakushtha.⁶ Dadru is one among the kushtha described in Charak samhita as shudra kushtha which bears greater resemblance with Ringworm.7 It is identified by symptoms such as Deerghapratana, Kandu, Utsanna,

Mandala, Raga, Pidakas.8 On the basis of presenting symptomatology most of the scholars have similated Dadru with Ringworm through modern perspective. In Sushrut samhita, Lepa is mentioned as one of the Dincharya Upkarma done by Swastha person to remain healthy.9 In Ayurveda there are many antifungal drugs mentioned for Dadru. One of them being Chakramarda (Cassia tora Linn.) 10,11 is a common herb found throughout country easily available. Chakramard is rasa,katu in vipak,ushna viryatmak, laghu ruksha gunatmak and it acts as vatakaphaghna,dadrughna kandughna.10,11 (Latt.Raphanus sativus) is katu tikta rasatmak,katu vipak,ushna virya and laghu gunatmak. It is effective in ringworm as mentioned in Kaidev nighantu.12 Need for the Study: Tinea or ringworm is one among the most common skin disorders encountered in the clinical practice. It is a group name for a highly contagious segmented mycelial fungus. It is a commonest single fungus group of infections found in an unhygienic conditions especially in tropical and subtropical countries, unless properly treated they become chronic. Dadru is one among the shudra kushta described in the classical text books of Ayurveda which bears greater resemblance with ringworm. In Sanskrita, Chakramarda means killer of Ringworm. lepa is one of the very effective treatment in curing skin Thus diseases. to anticipate effective management of Dadru vis-àvis Ringworm, the present study is undertaken to evaluate the efficacy of Chakramard Beej Churna Lepa with Mulak Swaras in the management of Dadru kushtha.

AIM & OBJECTIVES

Aim:- To study the effect of Chakramard beej churna lepa with mulak swaras in the management of Dadru.

Objective:- To evaluate the effect of Chakramard beej churna lepa with mulak swaras in the management of Dadru.

To review dadru as per ayurveda.

To review tinea as per modern.

MATERIAL

AND

METHODOLOGY

For present study following materials and methods were used.

Materials

Drug: Chakramard beej churn lepa with mulak swaras.

This study is taken from the bheshaja ratnavali. In this study chakramard beej churna is mixed with mulak swaras to make lepa which is applied on affected area twice a day.

Procurement of Drug: Chakramard beej was procured from GMP approved pharmacy and given to GMP approved Pharmaceutical laboratory for churna preparation and its standardization and analysis. Mulak swaras was made from fresh mulak as per swaras kalpna.

This Lepa was applied twice a day at lesion sites of patients with dadru.

Quantity of lepa as per requirement.

Lepa was applied in Pratiloma (against the hair follicles) direction

Study Design: This was randomized controlled study.

Duration of study:

- 1. Study Duration: 28 days
- 2. Treatment Duration: 21 days

Methodology:

Total 60 patients of Dadru were selected from OPD of LRP Ayurved college and research centre Islampur based on following criteria:

Inclusion criteria:

- The patients with classical lakshanas of Dadru were selected.
- Patients irrespective of gender and age group between 16-70 years were included.
- Patients of all varieties of Dadru were selected without discriminating its area of infection.

Exclusion criteria:

- Patients suffering with systemic disorders like uncontrolled diabetes mellitus, auto immune diseases which interferes with the course of the treatment were excluded.
- Patients with differential diagnosis of Dadru such as leprosy, urticaria, eczema were excluded.

Diagnostic Criteria: 14,15,16,17,18,19

The diagnosis was based on classical lakshanas of Dadru.

- Kandu (Itching)
- Raga (Erythema)
- Pidika (Eruption)
- Daha (Burning sensation)
- Rookshta (Dryness)
- Udgata mandala (Elevated lesion)

Method of selection:

Total 60 patients were selected divided into 2 groups as follows.

- 1) Experimental group:
- Chakramard beej churna lepa mixed with mulak swaras were given to 30 patients twice a day for 21 days.
 - 2) Control group:

Clotrimazole cream brought from GMP certified company and were given to control group twice a day for 21 days.

Assessment Criteria:

Parameters of the study:

- Parameters of the study were based on clinical grading of signs and symptoms.
- Kandu (Itching) :
- K_o No kandu
- K₁ Mild (No disturbance while doing work)
- K₂ Moderate (Disturbs the work)
- K₃ Severe (Disturbs the sleep)
- Raga (Erythema):
- Ro Normal skin colour
- R₁ Mild redness
- R₂ Moderate red
- R_3 Severe / Deep brown
- Pidika (Eruption):
- P₀ No pidaka
- P ₁− 1 to 2 pidika
- P₂-3 to 4 pidika
- P₃– More than 4 pidika



Before treatment



Before treatment
STATISTICAL ANALYSIS OF
DIFFERENT PARAMETERS:-

As grading used for assessment parameters were ordinal in nature,

- Daha(Burning sensation):
- D₀ No daha
- D₁ Mild daha
- D₂ Moderate daha
- D₃ Severe daha
- Rookshata (Dryness):
- RO₀ No rookshata
- RO₁ Mild rookshata
- RO₂ Moderate rookshata
- RO₃ Severe rookshata
- Udgata mandala(Elevation of lesion):
- M_o No mandala
- M₁ Mild mandala
- M₂ Moderate mandala
- M₃ Severe mandala
- Data collected before the treatment, during treatment and after the treatment.



After treatment



After treatment

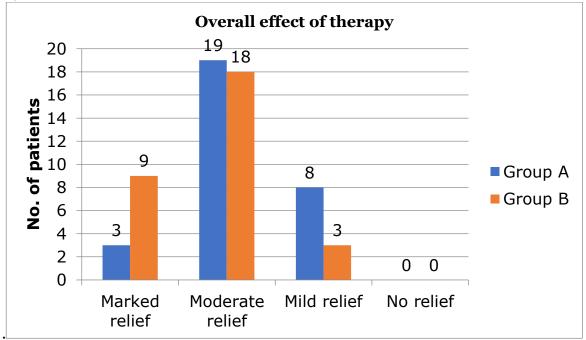
"Wilcoxon Signed Rank test" is used for intra-group comparison. (i.e. before and after treatment of a group) while for inter-group comparison, (i.e. for comparing two groups with each other) "Mann-Whitney U test" is used

OBSERVATIONS AND RESULTS

| Parameter | Group A | Group B | Comparative efficacy |
|------------------|-------------|-------------|----------------------|
| Erythema | Significant | Significant | Group B |
| Eruption | Significant | Significant | Equally effective |
| Itching | Significant | Significant | Group A |
| Elevated Lesions | Significant | Significant | Group B |
| Dryness | Significant | Significant | Equally effective |
| Burning | Significant | Significant | Equally effective |

In group A, 3 patients (10%) were with marked relief, 19 patients (63%) were with moderate relief while 8 patients (27%) were observed with mild relief.

In group B, 9 patients (30%) were with marked relief, 18 patients (60%) were with moderate relief while 3 patients (10%) were observed with mild relief.



Discussion on observation: Parameters:

1.Erythema: In present statistical data analysis it was found that For group A, the median reduction in Erythema score after treatment was significant (P-value < 0.001) at 5% level of significance. i.e. it can be said that there is significant reduction in Erythema for

Group A. For group B, the median reduction in Erythema score after treatment is significant (P-value < 0.001) at 5% level of significance. i.e. in group B too, there is significant reduction in Erythema. But reductions in Erythema score for group B was significantly higher (p –value = 0.015) than that of group A at 5% level of

significance. Thus, treatments with Clotrimazole cream can be considered more efficacious in reducing Erythema as compared to treatment with Chakramard beej churn lepa with mulak swaras. 2. Eruption: According to statistical analysis in group A, the median reduction in Eruption score after treatment was significant (P-value < 0.001) at 5% level of significance. it can be said that there is significant reduction in Eruption for Group A. For group B, the median reduction in Eruption score after treatment was significant (P-value < 0.001) at 5% level of significance. i.e. in group B too, there is significant reduction in Eruption. Difference between P-value of group A and group B were 0.893 i.e. not significantly different. Thus both Chakramard beej churn lepa with mulak swaras and Clotrimazole cream can be considered as equally efficacious reducing Eruption. 3.Itching: According to statistical analysis, for group A, the median reduction in Itching score after treatment significant (P-value < 0.001) at 5% level of significance. i.e. it can be said that there is significant reduction in Itching for Group A. For group B, the median reduction in Itching score treatment is significant (P-value < 0.001) at 5% level of significance. i.e. in group B too, there is significant reduction in Itching. But reductions in score for group significantly higher (p -value < 0.001) than that of group B at 5% level of significance. Thus, Chakramard beei churn lepa with mulak swaras can be considered as more efficacious in reducing Itching as compared to Clotrimazole cream. 4. Elevated lesion: In present statistical data analysis, For group A, the median reduction in Elevated lesions score after treatment is

significant (P-value < 0.001) at 5% level of significance, i.e. it can be said that there is significant reduction Elevated lesions for Group A. For group B. the median reduction in Elevated score after treatment significant (P-value < 0.001) at 5% level of significance. i.e. in group B too, there is significant reduction in Elevated lesions. But reductions in Elevated lesions score for group В significantly higher (p -value < 0.001) than that of group A at 5% level of significance. Thus, Clotrimazole cream can be considered as more efficacious in reducing Elevated lesions as compared to Chakramard beej churn lepa with mulak swaras. 5. Dryness: For group A, the median reduction in Dryness score after treatment is significant (P-value < 0.001) at 5% level of significance. i.e. it can be said that there is significant reduction in Dryness for Group A. For group B, the median reduction in Dryness score after treatment significant (P-value < 0.001) at 5% level of significance. i.e. in group B too, there is significant reduction in Drvness. Difference between P-value of group A and group B were 0.119 i.e. not significantly different. Thus both Chakramard beei churn lepa with mulak swaras and Clotrimazole cream can be considered as equally efficacious in reducing dryness. 6.Burning: For group A, the median reduction in Burning score after treatment significant (P-value < 0.001) at 5% level of significance. i.e. it can be said that is significant reduction Burning for Group A. For group B, the median reduction in Burning score after treatment is significant (P-value < 0.001) at 5% level of significance. i.e. in group B too, there is significant reduction in Burning. Difference between P-value of group A and group

B were 0.301 i.e. not significantly different. Thus both Chakramard beej churn lepa with mulak swaras and Clotrimazole cream can be considered as equally efficacious in reducing burning.

Conclusion:

Clinical study reveals that Chakramard beej churn lepa with mulak swaras is more effective in the relief of itching (kandu) caused by dadru and overall symptoms of dadru as effectively as proven antifungal cream Clotrimazole. Thus on the basis of detailed study and statistical analysis of data it can be concluded that Chakramard beej churn lepa with mulak swaras is effective in the management of Dadru Kushtha.

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