

**REVIEW OF DADRUGHANA LEPA AND KHADIRASTAK KWATH IN
DADRU W. S. R. TO TINEA CORPORIS****Sadhana Yadav^{1*}, Shachi Srivastava², Sharad Johri³ and Nidhi Singh⁴**^{1,4}MD Scholar, P.G. Dept. of Kayachikitsa, State Ayurveda College & Hospital, Lucknow.^{2,3}Reader, P. G. Dept. of Kayachikitsa, State Ayurveda College & Hospital, Lucknow.Article Received on
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Kayachikitsa, State
Ayurveda College &
Hospital, Lucknow.**ABSTRACT**

Ayurveda is the science of life, which deals with not only physical but also mental and spiritual well-being of a person. Every medical science helps us to get rid of disease. Besides this, Ayurveda teaches us to maintain health and preventive aspect for the same. Skin is the mirror of the body which reflects internal health or diseased condition; This is the seat of all senses. Its deformity not only has impact on somatic system also influence the social life of an individual. Most of the skin disease is caused due to bacterial or fungal infection. Prevalence rate for superficial mycotic infection according to WHO is 20-25%. All skin disorders are included under one heading of 'Kushtha Roga' in Ayurveda. Tinea corporis is a superficial fungal skin infection of arms,

legs and trunk, But it may occur on any part of the body. It is commonly found in society. The features are quite similar to Dadru Kushtha described in Ayurveda. This is one of the commonly occurring skin disorders which have been included under the mahakushta by Acharya Sushruta and Vagbhata, majority of other Acharya including Acharya Charaka consider it among Kshudra kushta. Due to poor sanitation & unhygiene, the fungus starts to grow which leads to most of the disease, among them skin disorders are prime. 20-25% of world population is suffering from tinea corporis. In Ayurvedic text various chikitsa like Bahiparimarjana and Anthapimarjana explain for Dadru. There are various research studies conducted are in effect of Dadrughana lepa (bahiparimarjana) and Khadirashtak Kwath (Anthapimarjana) in Dadru w.s.r Tinea corporis.

KEYWORDS:- Dadru, Tinea corporis, Dadrughana lepa, Khadirashtak kwath.

INTRODUCTION

The Pioneer sir Thomas Lewis emphasizes “Alone is true which is proved clinically and that which is clinically proved needs no other evidence, This shows the importance of clinical study in the formation of thesis. “ बहुशो दुष्टकर्मता ” (Repeated practical observation was mentioned as an essential quality of Vaidya by Acharya Charka (ch Su 9/6). So, we can say, importance of Practical work (Clinical work) was known to the Acharyas from very beginning. Ayurveda is a well established science with ageless concrete fundamentals, which have been approved by ancient scientists after rigorous examinations and reexamination. Hence, today the need of the hour is to prove the Ayurvedic fundamentals on the systemic scientific research methodology. In modern era, it is essential to prove efficacy of any new drug or combinations through clinical trials on patients .Data collected through clinical trial and its observations can prove the efficacy of trial drug and its true assessments. Skin is the mirror of the body which reflects internal health or diseased condition, this is the seat of all senses its deformity not only has impact on somatic system also influence the social life of an individual. In recent years, there has been a considerable increase in the incidence of skin problems in the tropical and developing countries like India. All the skin diseases in Ayurveda have been classified under the broad term of “Kushtha” which is derived from- “ कुष्ठाती विपु इति कुष्ठम्” I i.e. the disease which makes the body ugly or we can say the word Kushtha means the whole concept of dermatology in modern medicine.

Kushtha is further subdivided into Mahakushtha and Khudrakushtha. Acharya Charak has included Dadru in khudra kushtha where as Acharya Vagbhat and Acharya Sushruta have described under Mahakushtha. According to Acharya Charak lakshan of Dadru are as follows: - “On the basis of presenting symptomatology most of the scholars have simulated Dadru with Tinea Corporis through modern prospective. The lakshan of Dadru such as Kandu, Raga, pidika, Udgata mandal etc are similar to the cardinal symptoms of Tinea Corporis, i.e- itching, erythema, pustules, circular elevated lesion etc. Tinea comes under superficial fungal infections of the skin, they thrive in keratine layer of the epidermis, nails and hair. However they do not invade the living epidermis. According to Acharya Charka and Acharya Vagbhata Pita and Kapha dosh dominance in dadru but according to Acharya Sushruta it is Kapha dosh pre dominance. Incidence rate of Dadru gradually increasing day to day because of improper vihar like uncleanliness of body, sharing cloths, poor sanitation, unhygienic condition etc. So this type of dadru considered as Sankramika vyadhi. These

Sankramika vyadhi spread from person to person by krimi through sweda which causes dadru w.s.r to Tinea Corporis. Dadru can be diagnosed with the help of Varna (Raga), sansthana (Pidika & Mandala), Adhistana (Twak). The knowledge of nidana is helpful for the proper diagnosis, prevention of disease and treatment also. In Modern medicine we compared the Dadru with Tinea Corporis infection (Ringworm)/Dermatophytosis. The fungal diseases of skin can be divided into superficial mycoses & the deep mycoses. Dermatophytoses come under superficial fungal infection of the skin. These infection are restricted to invasion of horny structures like the stratum concern, the nails & the hair. Most of the modern medical texts have cited the following factors as etiological factor of superficial Tinea infection of the skin.

- Warm and humid climate
- Excessive sweating
- Hydration of skin over long period
- Living in polluted environment
- Unhygienic living condition
- Wearing clothes immediately bathing
- Immunodeficiency
- Prolonged use of systemic steroids three species are responsible for this group of dermatophytic infection. Trichophyton Epidermatophyton and Microsporum species. In the explanation of the chikitsa for dadru, Bahiparimarjana type of treatment is mentioned (ch.chi 7/53). This similar by Accharya Sushruta imparts the importance of lepa which is one among the Bahiparimarjana chikitsa.

For my research work I have selected two medicines in Ayurveda classics

Dadrughana lepa (Sharangdhar uttar khanda 11/56)

Khadirashtak kwath (Yogratnakar)

The content of Dadrughana lepa is- Shidharthak, Haridra, Kushtha, Prapunad (chakramard) & Tila Dadrughana lepa use to treated dadru because it consist of Shidharthak (l'kiZ) which have kandughana effect According to Bhavprakash (l'kZi d.Mq dq'BdksB fdzzfexzgkuk), Rajni (Haridra) which is kapha-pitta samak effect (Hkk0iz0) it has kusthagan effect, chakramaed which is also known as Dadrughana (Hkk0Ikz0), kuth is effected in kushtha, Tila is tridosha shamak because it is yogavahi. There are so many drugs and kwathas are advocate by Aacharyas out of which some of them have excellent work on skin diseases like

khadirashtak kwath (ks0j0). ^^ [kfnjf=QykfuEciVksyke`rkoklds% A v'Vdksv;a t;sRdq'Bd.MwfoLQksVdkuhi *(ks0j0) Keeping the above factors in view a detailed survey of ayurvedic literature done and it has been observed that various preparation for local application and oral administration are available in ayurvedic text which have been frequently used in the management of Dadru for longer duration without any side effect. so finally we have planned to 'A Comparative Clinical study to evaluate the efficacy of Dadrughana lepa with & without khadirashtak kwath in the management of Dadru (w.s.r to Tinea Corporis).

AIMS

To establish the role of Khadirashtak Kwath internally and Dadrughana Lepa externally in the cases of Dadru w.s.r Tinea Corporis.

OBJECTIVES

- To Review the available Literature related to Dadru w.s.r Tinea Corporis.
- To observe the disease clinically during the follow up period with and without drug.
- To provide better easily available Ayurvedic treatment for Dadru.
- To study any adverse effect of trial drug.

MATERIAL AND METHODS

Plan of study

For the purpose of clinical trial, the patient fulfilling the clinical criteria for diagnosis of Dadru will be randomly selected irrespective of their sex, religion, occupation etc from OPD and IPD of state Ayurvedic College and Hospital, Luck now. A careful history, physical examination and necessary investigation will be performed as per performa prepared for the present trial.

Inclusion criteria

- Patient voluntarily willing to participate in the trial.
- Age group -21 to 60 years.
- Sex: both male and female.
- The patients with classical lakshanas of Dadru irrespective of chronicity will be selected.
- Both fresh and treated cases of Dadru w.s.r to Tinea Corporis will be treated.

Diagnostic criteria

All the patients will be diagnose & assess thoroughly on the basis of classical sign & symptoms of Dadru w.s.r to Tinea Corporis.

Essential criteria

Dadru	Tinea Corporis
d.Mw	Pruritus (mild, moderate, sever)
L=ko	Erythema
fifMdk	Eruption
mn~xr e.aMy	Elevated lesion

Non essential criteria

nkg	Burning sensation
#{krk	Dryness

Patients of dadru having all essential criteria, with or without non-essential criteria will be selected for the clinical trial.

Exclusion criteria

- Age group less than 21 year and more than 60years.
- Any Sensitivity reaction to the trial drugs.
- Skin cancer, Psoriasis, Eczema etc associated fungal infection.
- Pregnant and Lactating women.
- Fungal infections associated with Diabetics and Immunocompromised people.
- People suffering from chronic liver & renal disorders.

Criteria for withdrawal

- Personal matters
- Aggravation of complaints
- Any other difficulties
- Inter current illness

Type of Study- Phase-2 Rational, Randomized Parallel group Study. (Randomized trial will be of sequential pattern).

Sample size

Minimum 60 patient of Dadru w.s.r to Tinea Corporis from OPD of state Ayurvedic College and Hospital will be selected according to the Inclusion and Exclusion criteria and randomly divided into two group's i.e.-Group A and Group B with approximately 10% drop out.

Grouping of patients

Group A- In this group patient will be treated with Dadrughana lepa for local application (twice in a day) and Khadirashtak kwath orally (40 ml twice in a day) after meal for 2 months

Group B- In this group patient will be treated with only Dadrughana lepa for local Application (twice in a day) for 2 months

Treatment schedule with Dose & Duration

Dadrughana Lepa- Depending upon the area of involvement of disease.

Duration- It will be applied locally twice in a day I, e in the morning (6-8am) & in the evening (6-8pm) for ½ an hour. Khadirashtak Kwath- 40 ml twice in a day after meal.

Period of study: Total duration of clinical trial will be 60 days.

Follow up period: Studies of all registered cases will be done at fortnight interval for a period of 2 months with trial drug and 15 days without drug to access the condition of patient and to observe any other side effect.

Laboratory investigations

1) Routine

1. Hematological Investigation	a) T.L.C
	b) D.L.C
	c) E.S.R
	d) Hb%
	e) A.E.C
2. Urine	a) Routine
	b) Microscopic
3. L.F.T	a) S. Bilirubin
	b) S.G.O.T
	c) S. Alkaline phosphatase
	d) S.G.P.T
4. R.F.T	a) S. Creatinine
	b) Blood urea
5. Lipid profile	
6. Blood sugar	a) Fasting
	b) Post prandial

2) Potassium hydroxide (KOH) Scraping (optional) DO'S

- Maintain good general hygiene.
- Apply medicine regularly.
- Maintain weight by eating balanced diet.
- Increase consumption of green vegetables, carrot, berries.
- Take bath by lukewarm water and use mild soaps and detergents for bath and washing clothes.
- Use loose fitting clothes of cotton fabric.
- Take modest amount of sunlight.
- Regular practice of yoga and meditation.

DON'T

- Avoid spicy diet, pickles, tea, cold drinks, alcohol, non veg. etc.
- Don't take any mental stress, worry or any guilt.
- Avoid using synthetic clothes.
- Avoid fatty diet.
- Don't control natural urges like vomiting, urination, bowel emptying etc.

Dadrughana lepa

Name of drug	Shidhartha	Rajni(haridra)	Kustha	Prapunad (chakramarda)	Tila
Latin name	Brassica campestris	Curcuma longa	Saussurea lappa	Cassia tora	Sesamum indicum
Family	Cruciferae	Zingiberaceae	Compositae	Leguminosae	Pedaliaceae
Part used	Seed,oil	Root	Root	Seed	Seed
Rasa	Katu, tikta	Tikta, katu,	Tikta, katu, madhur	Katu	Madhur
Guna	Ruksha, snigdha	Ruksha, Laghu	Laghu, ruksha, teekshna	Guru, ruksha	Guru, Snigdha
Veerya	Ushna	Ushna	Ushna	Ushna	Ushna
Vipaka	Katu	Katu	Katu	Katu	Madhur
Chemical properties	Sinalbin	Curcumin, vitamin a	Saussurine, Tanin, inulin	Rhein, aloe-emodin, chrysophanol	Sesamin, Sesamalin, vit a,b,c
Special action	Kusthghana, vatakapha Shamak	Tridosha shamaka	Kaphavata Shamak	Vatakapha Shamaka	Vatashamk, Tridosha shamak

Drugs (Khadirashtak kwath)

Name of Drug	Khadir	Haritki	Vibhitaki	Amalki
Latin name	Acacia catechu	Terminalia Chebula	Terminalia Bellirica	Embllica Officinalis
Family	Mimosoideae	Combretaceae	Combretaceae	Euphorbia- cee
Part used	Bark	Fruit	Fruit	Fruit
Rasa	Tikta, kshaya	Pancha ras except Lavan kshaya ras pradhan	Kshaya	Pancharas except lavan amla ras pradhan
Guna	Laghu, ruksha	Laghu, ruksha	Ruksha, laghu	Guru, ruksha, sheeta
Veerya	Sheeta	Ushna	Ushna	Sheeta
Vipaka	Katu	Madhur	Madhur	Madhur
Chemical Properties	Catechin, catechu-Tannic acid	Chebulagic acid, Chebulinic acid	Chebolic acid Gallic acid Tannic acid	Gallic acid Tannic acid Calcium, vit c
Special Action	Kapha-pittahara	Sarvadosh shamak mainly vatta shamak	Sarvadosh shamak mainly Kapha shamak	Sarvadosh shamak mainly Pitta shamak

Name of Drug	Neem	Patol	Guduchi	Vasa
Latin name	Azardiracta Indica	Tricosanthes Dioica	Tinospora cardifolia	Adhathoda Vasica
Family	Meliaceae	Cucurbitaceae	Menispermaceae	Acanthaceae
Part used	Bark	Leaves	Steam	Root, leaves, Flower
Rasa	Tikta, kashaya	Tikta,katu	Tikta, Kashaya	Tikta, kshaya
Guna	Laghu	Laghu,ruksha	Guru, snigdha	Laghu, ruksha
Veerya	Sheeta	Ushna	Ushna	Sheeta
Vipaka	Katu	Katu	Madhur	Katu
Chemical Properties	Nicotinic acid, Margosine, Azadiractin	Nicotinic acid, Vit c, Thiamine	Berberine, Giloin oil	Vasicine, vitc, Carotene
Special Action	Kapha-pitta shamaka	Kapha-pittahara	Tridosha Shamaka	Kapha-pittahara

OBSERVATION

The observation of patients will be carried out during the trial at 15 days intervals & after

completion of the trial of 60 days both by objective & subjective parameters. The result will be taken recorded as per the case record form.

CONCLUSION AND STATISTICAL ANALYSIS OF THE TRIAL

The conclusion will be drawn after a complete assessment of the patients with each & every follow-up by using standard Statistical methodology. For deciding the effectiveness of the trial drugs in both the groups “t-test” will be applied as the sample size is small.

REFERENCES

1. Ashtang Hridaya, Commentary by Atridev Gupta Vidyalankar, Publication Chaukhambha Sanskrit Series.
2. Ashtang Sangraha, Srimad Vriddha, Sutra Sthana, edited with — Saroj Hindi Commentary by Dr. Ravi Dutt Tripathi, edition-1996, Chaukhambha Sanskrit Pratishthan.
3. Ashtang Sangraha, Sutra, Sharir, Nidana Sthana, by Kaviraj Atridev Gupta, Nimaya Sagar Mudranalaya, Bombay, 1951; 2: 1.
4. Ayurvediya Kriya Sharir, by Vaidya Ranjit Rai Desai, Publication Vaidyanath Ayurveda Bhawan Private Limited Pune.
5. Bhav Prakash, Madhyam Khand, Commentary by Pt. Lal Chand Vaidya, Publisher Motilal Banarasi Das, Delhi, 1958.
6. Bhaishajya Ratnawali, Vidyotini Hindi Tika by Kaviraj Shri Ambika Dutt Shastri, Chaukhambha Sanskrit Sansthan, Varanasi, 1983.
7. Charak Samhita, Charak Chandrika Tika by Dr. Brahmanand Tripathi, Chaukhambha Surbharti Prakashana, edition-II, 1991.
8. Charak Samhita, Vidyotini Hindi Commentary by Pt. Shastri K.N. and Chaturvedi G.N. Publication Chaukhambha Bharti Academy, Varanasi.
9. Charak Samhita, text with English translation by Priyavrat Sharma, Vol.I, Chaukhambha Orientalia, Varanasi.
10. Davidson's Principles and practice of Medicine Publication ELBS, Churchill Livingstone Ltd., 16.
11. Dhanwantri Nighantu, By Acharya Priyavarat sharma/ Dr. Guruprasad sharma, Chaukhambha Orientalia,
12. Dravya Guna Vigyan, By Prof. P.V. Sharma, Vol.II, Published by Chaukhambha Bharti Academy, Varanas, 1990; 11: 173.

13. Gada Nigrah, Commentary by Sri Indradeva Tripathi and Shri Ganga Sahaya Pandey, Publication Chaukhambha Sanskrit Series, Varanasi.
14. Indian Medicinal Plants, By Kirtikar K.R. and Basu D.D., Leader Road, Allahabad, 1938.
15. Indian Materia Medica by Nadkarni, K.M., A.D. Popular Prakashan Bombay, 3rd edition, 1976.
16. Kaiyadev Nighantu, Commentary by P.V. Sharma and G.P. Sharma, Chaukhambha Orientalia, Varanasi, 1979; 1: 1.
17. Kashyapa Samhita by Shri Satyapal Bhishagacharya, Chaukhambha Sanskrit Sansthan, Varanasi, IIIrd edition.
18. Madhav Nidana by Madhavkar, Madhukosh commentary by Sri Vijayarakshit Srikantha Dutta. Vidyotini Hindi Commentary by Sri Sudarshan Shastri IInd part, Ist edition, Chaukhambha, 2.
19. Panch karma therapy by Prof. R.H. Singh, Chaukhambha Sanskrit studies, Vol., CIV, 1992.
20. Shabd Kalpdrum Raja Radha Kant Deva, Chaukhambha Sanskrit Series, Varanasi, 1961.
21. Sushruta Samhita, translated by Kaviraj Ambika Dutta Shastri Published by Chaukhambha Sanskrit Sansthan, Edition (Poorvardha), 1990.
22. Yog Ratnakar, Commentary by Vaidya Sri Laxmipati Shastri, Chaukhambha Sanskrit Series, Varanasi,
23. Sharangdhar samhita, Uttarkhand, Krishna Hindi commentary, by Acharya Shri Ramkrushna Parashar, 4th edition, Reprint shree Baidyanath Ayurveda Bhavan, Private Ltd, Nagpur, @012;7:70-81, 296-297.