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Research Article

THE EFFICACY OF *PANCHTIKTAGHRIT GUGGLU* AND *SHIRISHADI* LEPA IN THE MANAGEMENT OF *MANDAL KUSHTH* W.S.R TO TINEA CORPORIS

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ABSTRACT

Skin is one of the five '*Gyanindriyas*' as described in Ayurvedic texts. It is responsible for '*Sparsh Gyan'* or touch sensation; therefore it plays a great role in physical and mental health of any individual. It is most affected by fungal infections. According to modern science the fungal infections caused by dermatophytes are called as dermatophytosis. Tinea or Ringworm infection presents with of the circular skin lesions with elevated edges. In Ayurveda, all skin diseases have been discussed under the broad heading of *Kushta*. The study comprised of a series of 10 patients of *Mandal kushta.* The patients were selected from OPD and IPD of Kayachikitsa of Sri Krishna Ayurvedic Medical College, Varanasi. In the present study a clinical trial is done with trial drug *Panchtiktkta ghrit gugglu* and external application of *Shirisadi lepa*. *Panchtiktkta ghrit gugglu* is cited from *Bhaishajya Ratnavali* and *Shirisadi lepa* is cited from *Charak Samhita. Panchtiktkta ghrit gugglu* is given in a dose of 2 tablets 3times in a day with the combination of external application of *Shirisadi lepa* twice in a day for 45 days. Three follow ups with duration of 15 days were done. A remarkable changes were found in various sign and symptoms based on assessment criteria which are *Kandu* (itching), *Sotha* (inflammation), *Srava* (secretions), *Vivarnata* (discolouration) and *Vrana* (lesion). It was indeed a proper and suitable approach for this chronic skin disorder as the patients of *Mandal Kustha* combat a lot for this dreadful disease as it persists for long time and spread rapidly.

KEYWORDS: Skin, Dermatophytosis, Tinea, *Panchtiktkta ghrit gugglu, Shirisadi lepa* and *Mandala kushta.*

INTRODUCTION

Skin is the largest organ of the body which is exposed to external environment. It protects the internal organs from physical, chemical, mechanical and biological injuries. Any injury or disease in the skin becomes a great problem for a person because it is visible for all. Skin has several inbuilt mechanisms for interacting with the environmental agents and most of times it is able to protect it from these agents. The protective ability however may not always be able to deal with the environmental stimulus and this leads to the production in skin diseases.

Modern view

Dermatophytosis: Dermatophytes live on keratinous structures and thus, can infect the epidermis, the hair and the nails. The infectivity of dermatophytes is very low and therefore, prolonged contact is necessary before an individual can get infected. Some individual are, however, more prone to get these infections if they are being given systemic corticosteroids or other immune suppressive drugs. These patients usually develop widespread dermatophytosis which may also keep recurring. Moreover, hot and humid climates favour the growth of dermatophytes with the result that the incidence of dermatophytosis increases sharply during the summer and the rainy seasons.[1]

Tinea corporis : A primary infection of the surface of the skin of the trunk, face and extremities is called tinea corporis and manifests in the form of severely itchy, circular or irregular lesions which have well defined active borders made up of papulo-vesicles, while the central part of the lesions show hyperpigmentation, erythma and slight scaling. Most of the cases of Tinea corporis are caused by *Tricophyton rubrum* and the fungus remain confined to the stratum corneum only. The inflammation in the skin is produced by the metabolites of the fungus which permeate through the skin.[2]

Ayurvedic view

In Ayurveda, all skin diseases have been discussed under the broad heading of *Kushta* which are further divided into *7 Maha kushta* and 11 *Kshudra kushta* for the purpose of diagnosis as well as treatment. The word *Kushta* means that which

destroy with certainty or which comes out from the inner part to the outer part. Also one which produces discolouration over skin region is said to be *Kushta.*

Mandala kushta

The *Mandala Kushta* is a *Sleshma* predominant disease and is described in *Mahakushta* category. According to symptomatology, *Mandala kushta* closely resembles the mycotic infections. In Ayurveda only signs and symptoms are mentioned irrespective of site of lesion. Clinical presentation of *Mandala kushta* is like red inflammatory spots appear first, later developing oedematory edges. These fixed circular raised patches connected with each other are known as *Mandala kushta*. It is associated with intense itching and sometimes with oozing and worms. It is slow spreading in nature.

The causative factors and pathogenesis of all types of *Kushtas* are similar. But their clinical presentation will be different according to *Dosha* predominance. *Virudhashan* – Intake of wrong food combinations like sour curd and milk together, sea food and milk together makes skin prone for infections, *Vishamasan* – Heavy food intake or eating speedily also causes fungal diseases because of *Kapha* and *Pitta dushti*, *Adhyashan* – Excessive food intake also contribute to the same, *Kledakar Ahar* – Food habits increasing *Kapha* and *Pitta* like – oily food, junk food and fermented foods are causative factor of the disease. Vitiation of the biological forces (*Dosha vaishamyan*), obstruction of the channels (*Srotavarodham*); suppression of natural urges (*Vegadharana*), incompatible diet (*Viruddhahara*), infections (*Krimi*), emotional stress factors (*Manovikaras*) all these factors are responsible for the occurrence of the disease.[3]

According to Acharya Charak due to all these *Nidana*, *Tridoshas* vitiate simultaneous with the *Sithilatha* of *Dhatus*. These vitiated *Doshas* vitiate the *Dhatus* such as *Twak, Raktha mamsa* and *Lasika* which are called *Dushyas* in the S*amprapti* of *Kushta*. Thus the disease manifests. According to Vagbhata, aggravated *Doshas* get lodged in *Tiryak siras* and vitiate the *Dushyas*. This produce *Sithilatha* in the *Dhatus* resulting in the manifestation of *Kushta.*[4]

Material and methods

Selection of the patients

The study comprised of a series of 10 patients of Tinea corporis. The patients were selected from OPD and IPD of Kayachikitsa of Sri Krishna Ayurvedic Medical College. Some cases were hospitalized for investigation and some were taken as OPD patients. The cases were recorded with help of a special proforma prepared for this purpose.

Selection of drug

1. ***Panchtiktaghrita gugglu***[5](*Bhaishajaya Ratnavali 54/233-236*)

Ingredients

Kwath dravya: *Nimbatawak, Guduchi, Vasapanchang, Patolalata, Kantkari* and *Goghrita*

Kalka dravya- *Patha, Vayavidang, Devadaru, Gajpippali, Shunthi, Haridra, Yavaksha, Sarjiksha, Shunthi, Chavya, Tejovati, Marich, Katuki, Chitrakmool, Vacha, Pippalimool, Triphala, Ajvaian, Manjishtha, Shuddha Bhallakta* and *Shuddha Gugglu.*

2. ***Shirishadi lepa***[6] *(Charak chi 7/96)*

Ingredients:

Shirishtwak kalka and *Amaltaspatra kalka.*

Drug Dosages

1. Tab. *Panchtiktaghrit Gugglu*

Panchtiktaghrit Gugglu was given 2TDS i.e., 2 tablets three times in a day with luke warm water for 45 days.

2. *Shirishadi Lepa*

Shirishadi Lepa a mixture of *Shirish twak kalka* and *Amaltas patra kalka* (each equal quantity) applied locally twice a day for 45 days.

Duration of study

There are 3 follow ups of each 15 days in total trial period of 45days.

Inclusion criteria

- Diagnosed patients without any complication are included
- Patients having textual sign and symptoms of *Mandal kustha* were selected
- Age between 20-60 years

Exclusion criteria

- Patient with normal blood sugar level
- Skin lesion with mix manifestation of psoriatic lesion.
- Any other serious medical and surgical ill patients are excluded.

Criteria for assessment for *Mandala Kusth*

1. ***Kandu* (Itching)**

No *Kandu* - 0
Mild - 1
Moderate - 2
Severe – 3

2. ***Vivarnata* (Hyper pigmentation)**

No *Vivarnata* - 0
Mild - 1
Moderate - 2
Severe - 3

3. *Sotha* (inflammation)

Absent -0
Mild -1
Moderate - 2
Severe – 3

4. *Srava* (secretions)

No *Srava* - 0
Lasika - 1
Puya - 2

5. *Vrana* (lesions)

No lesions - 0
Macular - 1
Papular - 2
Vesicles - 3

Observation and Result

Table 1 Sex Incidence

Sex	No. of patient	Percentage of patient
Male	04	40%
Female	06	60%
Total no. of patients	10	100%

Table 2 Age incidence

Age	No. of patients	Percentage of patients
20-30	3	30%
31-40	4	40%
41-50	2	20%
51-60	1	10%
Total no. of patient	10	100%

Table 3: Incidence in relation to Religion

Religion	No. of patient	Percentage
Hindu	08	80%
Muslim	02	20%
Total no. of patients	10	100%

Table 4 Socio Economic status of patients

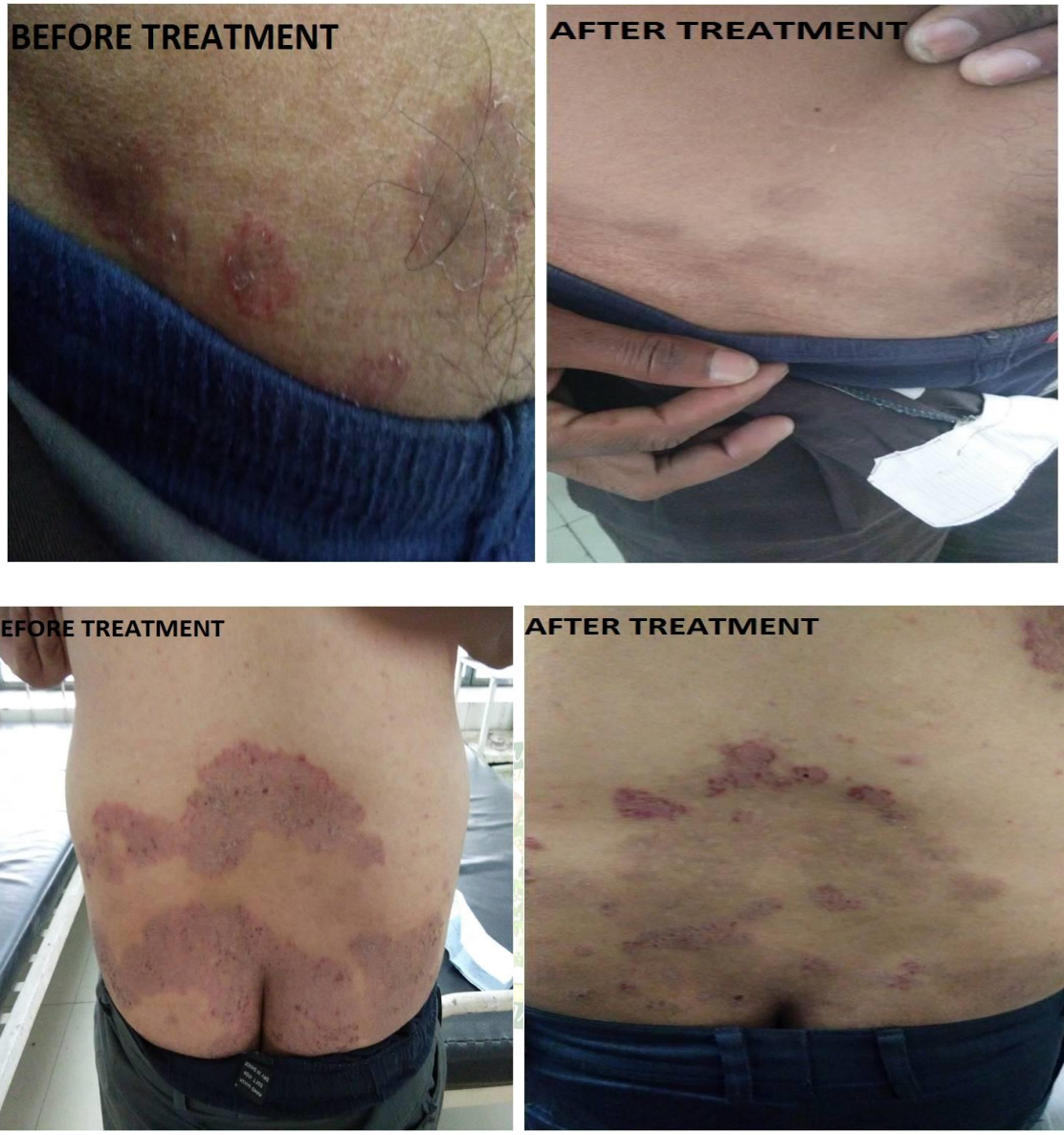
Status	No. of patients	Percentage of patients
Poor	2	20%
Lower middle	5	50%
Middle	3	30%
Rich	0	0%
Total no. of patients	10	100%

Table 5: Assessment of result in sign and symptoms of 10 patients

Symptoms	BT	FU1	FU2	FU3(AT)	%Relief	't'	P
Kandu (Itching)	21±.56	14±.48	10±.31	8±.48	61.9%	8.51	<.001
Vivarnata (Hyperpigmentation)	24±.1.01	18±.48	12±.82	6±.73	75%	8.14	<.001
Sotha (Inflammation)	20±.74	14±.52	10±.73	8±.87	60%	3.97	<.01
Srava (Secretion)	16±.51	10±.51	8±.63	6±.66	62.5%	4.74	<.001
*Vran*a (Lesion)	20±.74	14±.52	12±.48	6±.82	70%	4.99	<.001

BT – Before treatment, AT – After treatment, FU – Follow up (15 days), Mean + SD

Figures showing effect of treatment in some patients after completion of trial



DISCUSSION

In the clinical study of 10 patients it was found that the ratio of sex incidence was more (60%) for female than male (40%). Maximum patients belonged to age group of 31-40 years. It means middle age are most vulnerable. A study of religion reveals that the maximum number of patient belongs to Hindu community (80%). Incidence of socio-economic status revealed that maximum (50%) patients were of lower middle group.

In the assessment of subjective parameter of patients result has been done according to the grading. Percentage relief in specific symptoms are as follows; In *Kandu* (Itching) 61.9% relief is found, in *Vivaranta* (Hyperpigmentation) 75% relief is found, in *Srava* (secretion) 69.2% relief is found, in *Sotha* (Inflammation) 60% relief is found and in *Vrana* (Lesions) 70% relief is found. Overall result of the treatment was significant. There was satisfactory improvement in the general well being of the patient with no any changes in laboratory findings.

CONCLUSION

Among fungal lesions Tinea corporis infections are more common. These can be controlled by personal hygiene and effective treatment to a great extent. In this clinical trial *Panchtiktaghrita gugglu* and *Shirishadi lepa* was selected for the management. It was undoubtedly an effective treatment. The selected drugs were also easily available and comfortable for administration. All the necessary *Pathya* and *Apathya* were also followed and instructed to the patients during trial. As the patients of fungal infection become desperate after long and ineffective treatment so it is hope that present line of treatment will definitely prove a milestone in the management of this worrisome disease.

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