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## A CLINICAL STUDY ON THE ROLE OF GANDHAKA MALAHAR IN THE MANAGEMENT OF (CHARAKOKTA AND SUSHRUTOKTA) TYPE 1 SIDHMA AND TYPE 2 SIDHMA KUSHTA

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### ABSTRACT

Skin diseases are common manifestation in present era and more so frequent in the elder age. The patients of skin disease are additionally prone to experience physical, emotional and socio-economic embarrassment in the society due to disfigured appearance. Normally 10- 15% of the general practitioners encounter with skin disorders in their day to day practice. Kustha a type of skin disorder mentioned in Ayurveda is a Tridoshaja Vyadhi, where Twaka, Rakta, Mamsa and Ambu are the main Dushyas. Dadru (Fungal skin infection), one of the most common but miserable variety of Kushtha affects the population of all the age groups and stands as a challenge to different medical systems inspite of many advances. According to Charaka Sidhma, is a Kapha Vata Pradhan Vyadhi and According to Sushruta Sidhma is Kapha Pradhan vyadhi, management of which includes Shodhana, Shamana and Bahirparimarjana Chikitsa among them Shamana measure in the form of Lepa has shown appreciable result in many prior research studies. Present study was conducted on 12 diagnosed patients of Type 1 Sidhma and 11 Patients of Type 2 Sidhma in whom Gandhak Malahar was applied. The ingredients of which are the drugs possessing Shodhana and Kushtahara property. The results revealed significant effect of Lepa in various subjective parameters like Kandu Svetavarna, No. of Lesion, Tanu, Rajoghristam, Tamra, Alabu pushpavata after treatment. The effect of the drug also continued during follow up period of 15 days which suggested the sustained effect of the combination

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### INTRODUCTION

Sidhma Kushtha (Pityriasis Versicolor) is one of the most common but miserable Twak Vikar affecting all the ages of population still stands as a challenge to different medical systems. Many research works have been done on skin disorders in modern medical science but no drug has yet been claimed to cure this skin disease completely and prevent its recurrence. According to Charaka Sidhma is a Kapha vata pradhanavyadhi and According to sushruta Sidhma is a Kapha Pradhanvyadhi which is managed by Shodhana, Shamana and Bahirparimarjana (topical) Chikitsa.

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(difference between kshudra and Maha kustha-w.s.r Sidhmaand dadru) According to Acharya Charaka dadru is a Kshudra Kustha while according to Susruta it is Mahakustha. In Susruta black colour and deep seated dadru is called Mahakustha and which is no blackish in colour and superficially seated and redish in colour and circular lesion dadru is called Kshudra Kustha. Susruta mentioned these type of radish colour circular lesion as Visharpa Kustha, Because it spread more. Sidhma In the same way deep seated Sidhma mentioned as Maha Kustha in Charaka. In Susruta Sidhmapushpika which spreads on skin considered in Kshudra Kustha. Gadadhar includes blakish colour Sidhma in blakish colour dadru Kustha. The Sidhma described by Charaka considered as dadru of Susruta according to Jejjata differentiate each other by name only Local application works faster due to

physiological effect of heat on the skin. As per the need of fast life of today's society, Bahiparimarjana in the form of lepa was selected which is easily done and act as sthanika Chikitsa for fast relief Despite Gandhak Malahar being mentioned as 'Sadyah Siddhi Karaka' (immediate relief provider). The current study was undertaken with an aim to evaluate the role of Gandhaka Malahar in the management of (Charkokta and Susrutokta) Type 1 and Type 2 Sidhma

## MATERIAL AND METHODS

**Source of Data:** 23 patients with in the age group 16 to 70 years diagnosed as suffering from Type 1 and Type 2 Dadru were selected from O.P.D. and I.P.D of N.I.A.

**Study design:** A clinical study on the Role of of Gandhaka Malahar in the management of (Charkokta and Susrutokta) Type 1 and Type 2 Sidhma

### Criteria for Selection Of Patients

#### Inclusion Criteria

- Patient with the classical sign and symptoms of Sidhma Kustha.
- Patient with positive KOH test for Fungal Dermatophytes.
- Patient 16 years to 70 years of age were included.
- Patients belonging to either gender were included.

#### Exclusion Criteria

- The patient suffering from systemic disorders. (e.g. DM, HIV etc.) were excluded.
- The pregnant women and lactating mother were excluded.
- Patient less than 16 yrs. and above 70 yrs. of age were excluded.

**Intervention:** Drug: Gandhak Malahar

**Method:** External application on affected area

**Time:** Morning and evening Treatment

**Duration:** 30 days: Follow up during treatment: After every 15 days.

**Preparation of Mulakadi Lepa and Ingredients:** Gandhak Malahar is a combination of six drugs i.e., ilatail, wax, Gandhak, Girisindura, Tankan, Karpura.

**Assessment criteria:** Classical sign and symptoms of Sidhma were scored and assessed accordingly. Assessment of effects of the therapy was done on the basis of various subjective and objective criteria. For the purpose of assessment, a detailed research performed were incorporating various parameters like Daśavidha parikṣa, Aṣṭavidha parikṣa etc. Assessment was done every 15 days during the entire study period. Affected area assessment by photography 0 day, 30 day of treatment.

Following criteria were adopted for the purpose of assessment.

- Subjective parameters
- Objectives parameters
- Laboratory investigation based parameters

**Subjective parameters:** On the basis of Ayurvedika classical signs and symptoms of Sidhma were considered under subjective parameters and assessment the overall effect of therapies a special scoring method was adopted as follows.

### Clinical features score of Sidhma kustha type 1 (acc. To Sushruta)

Kandu	Score
No Itching	0
Mild Itching	1
Moderate Itching	2
Severe Itching	3

**Mild Itching:** Which comes occasionally, does not disturbed routine activity, duration is 2-3 min: usually scratching is not required.

**Moderate Itching:** Which occurs frequently and disturbed the routine activity but does not disturb sleep. lasts for longer time, Scratching every time is essential, recurs 3-4 times in 12hrs.

Sweta Varna	Score	
	Normal skin colour	0
	Reddish white colour	1
	Pearly white colour	2
Number of lesion	White colour	3
	No lesion	0
	1 to 3 lesion	1
	4 to 6 lesion	2
Tanu (Thinness measurement)	More than 6 lesion	3
	Normal	..mm
	Mild	...mm
	Moderate	.....mm
Clinical features score of sidhma kustha type 2 (acc. to Charaka)	Severe	..mm
	Sweta Varna	Score
	Normal skin colour	0
	Reddish white colour	1
Rajo-ghristum (minutetiny)	Pearly white colour	2
	White colour	3
	Normal skin	0
	Scaling on vigorous rubbing	1
Number of lesion.	Scaling on light pressure	2
	Scaling on wearing clothes	3
	No lesion	0
	1 to 3 lesion	1
Tamra Varna	4 to 6 lesion	2
	More than 6 lesion	3
	Normal skin colour	0
	Light Red Brown Colour	1
Alabu Puspa Varna	Black Colour	2
	Red Brown (Tamra Varna)	3
	Normal Skin Colour	0
	Reddish White Colour	1
Tanu (Thinness Measurement)	Pearly - white Colour	2
	White Colour (Alabu Puspa Varna)	3
	Normal	--mm
	Mild	--mm
Clinical features score of sidhma kustha type 2 (acc. to Charaka)	Moderate	--mm
	Severe	--mm

Sweta Varna	Score	
	Normal skin colour	0
	Reddish white colour	1
	Pearly white colour	2
Rajo-ghristum (minutetiny)	White colour	3
	Normal skin	0
	Scaling on vigorous rubbing	1
	Scaling on light pressure	2
Number of lesion.	Scaling on wearing clothes	3
	No lesion	0
	1 to 3 lesion	1
	4 to 6 lesion	2
Tamra Varna	More than 6 lesion	3
	Normal skin colour	0
	Light Red Brown Colour	1
	Black Colour	2
Alabu Puspa Varna	Red Brown (Tamra Varna)	3
	Normal Skin Colour	0
	Reddish White Colour	1
	Pearly - white Colour	2
Tanu (Thinness Measurement)	White Colour (Alabu Puspa Varna)	3
	Normal	--mm
	Mild	--mm
	Moderate	--mm
Clinical features score of sidhma kustha type 2 (acc. to Charaka)	Severe	--mm

## Observations and results

**Severe Itching:** Frequently occurs, disturbed routine activity and sleep, lasts for 20/30 min. scratching very essential, recurs 8-10 times in 12 hours. The result obtained regarding the parameter Kandu, before mean was 2.27 after treatment it was a 0.54 and t value was 7.34 which showed highly significance as the 'P' value is less than 0.0005. The result obtained regarding the parameter Sveta varna, before treatment mean was 1.26 after treatment it was converted into 0.64 't' value was 6.14 Which was statistically highly significant ( $p < 0.0001$ ). In parameter Tanu, before treatment mean was 1.28 after treatment it became 0.62 and 't' value is 6.57 Which was statistically highly significant ( $p < 0.0001$ ). Among 23 patients, the Rajoghristam, before treatment mean was 1.23 after treatment it was 0.41 and 't' value was 7.21 which was statistically highly significant ( $p < 0.0001$ ). Among 23 patients before treatment Tamra varna mean was 1.25 it converted into 0.53 after treatment and 't' value was 7.12 totally result was statistically highly significant (0.0001). The result obtained regarding the parameter Alabuipushpa varna, before mean was 1.78 after treatment it was a 0.98 and t value was 6.15 which showed highly significance as the 'P' value is 0.0002. the number of Lesion, before treatment mean was 1.15 after treatment it was 0.64 and 't' value was 6.32 which was statistically highly significant (0.0005).

## RESULTS

After administered of Gandhak Malahar, statistically significant changes were observed in Type 1 Sidhma and Type 2 Sidhma: Kandu Sveta varna, No. of Lesion, Tanu, Rajoghristam, Tamra, Alabu pushpavata.

## DISCUSSION

According to Charaka Sidhma, is a Kapha vata Pradhan Vyadhi and According to Sushruta Sidhma is Kapha Pradhan vyadhi, 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. The disease mainly involves Rasavaha and Raktavaha Srotas. Further Srotas are never involved. This is the specificity of the pathogenesis of Sidhma. The selected drug for this study was Gandhaka Malahara'. Highly significant result was observed in the symptom Kandu, this may be because of the Kandughna, Kustaghna, Kaphvata hara, Ushna Virya, which justifies the above result with regards to the Bahya Shaman Aushadha. Raga is resultant of Pitta Prakopa. The Lepa have the properties of Pittashamana and Rakta Shodaka, Varnya, hence the observed above result. Kandu is present due to Kapha Doṣa and rasa, rakta dhatus Duṣṭi.

### Group - B Type 1 Sidhma

Sr.no	O.P.D. No.	Bt Total	At Total	Diff	Relief%
1	4115112017	14	2	12	85.71429
2	16216112017	17	5	12	70.58824
3	26917112017	16	8	8	50
4	16725112017	17	8	9	52.94118
5	16329122017	12	5	7	58.33333
6	37911012018	17	9	8	47.05882
7	7223012018	15	4	11	73.33333
8	19225012018	15	5	10	66.66667
9	6629012018	12	3	9	75
10	4028022018	15	8	7	46.66667
11	5603032018	18	5	13	72.22222
12	7403032018	16	5	11	68.75

### Group - B Type 2 Sidhma

Sr..no	O.P.D. No Sr	Bt Total	At Total	Diff	Relief%
1	10623112017	18	6	12	66.66667
2	26206122017	13	5	8	61.53846
3	18014122017	14	7	7	50
4	8526122017	17	10	7	41.17647
5	1929122017	15	4	11	73.33333
6	22704012018	15	9	6	40
7	33019012018	17	5	12	70.58824
8	5524012018	13	9	4	30.76923
9	4228022018	13	10	3	23.07692
10	16105032018	8	4	4	50
11	16505032018	14	3	11	78.57143

### St.Result of GMG drug on S1

Group	Patient of S1	BT	AT	Diff.	Rilief%	Pvalue
B	12	16.90	9.54	7.36	43.55	0.0010

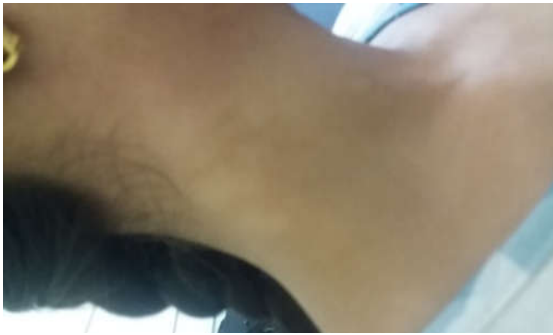
### St.Result of MLG drug on S2:

Group	Patient of S2	BT	AT	Diff.	Rilief%	Pvalue
A	14	15.50	7.78	7.71	49.74	0.0001

Total Score of the clinical features like:

\*Type 1sidhma:- Kandu, Sveta varna, No. of lesion, Tanu

\*Type 2sidhma:- Sveta varna, Rajogristum, No. of lesion, Tamra varna, Alabupushpa varna, Tanu



S1 BT



S1 AT



S2 BT



S2 AT

Gandhaka Malahar and is also kaphvatahara property and ushna virya and katu vipaka property. Uṣṇata, Laghuta and Rukṣata of Tankana is antagonist of Śītata, Guruta and Picchilata of Kapha and decreases Kaṇḍu Tamra Varna is present due to Pitta Doṣa and Rakta Dhatu Duṣṭi. Raga has reduced significantly because of the Raktaśodhaka properties of the drug. Alabupushpavata is present due to Pitta Doṣa and Rakta Dhatu Duṣṭi. Raga has reduced significantly because of the Raktaśodhaka properties of the drug. Sveta varna is present due to Pitta Doṣa and Rakta Dhatu Duṣṭi. Raga has reduced significantly because of the Raktaśodhaka properties of the drug.

### Conclusion

The results suggested that Gandhaka Malahara showed significant result after treatment in Kandu Sveta varna, No. of

Lesion, Tanu, Rajoghristam, Tamra, Alabu pushpavata. variables and the efficacy of the treatment was highly significant even during follow up. All the patients enrolled in the study completed the full course of treatment without any adverse reaction to drug. Hence it can be suggested that Gandhak Malahara can be used in the patients suffering from Sidhma Kushta. (result of sidhma 2 is better than Sidhma 1(Overall Results proved that in Mahakushta (S2 group) the percentage of relief is more dominant than Kshudra kushta (S1 Group) Only Gandhaka Malahara Drugs Shows the better result in S2 group than S1. Perhaps in Kshudra type of sidhma kushta is very superficial in nature with minimal clinical features and site of the lesions of Sidhma kushta usually found in face, chest and back region.

So it is very much usual to left the tiny lesions by the patient at the time of local application, specially those lesions are in the back and chest and in the time being the tiny one get bigger shape and it hampered to get the optimal positive clinical results. On the other hand Mahakushta type of Sidhma (S2) is dominant as per it's colour, clinical presentation and stability and the main drug Gandhaka (in GMG Group) may able to invade the deeper tissues due to its Tikshna and Ushna qualities. But in superficial stage of kushta Ushna drug always try to spread the disease very rapid way (Kushta is stable due to manda pitta and that is the main difference between kushta and Visarpa). That is only the logical consideration of GMG Group over the S1 and S2. Otherwise Mahakushta is always difficult to cure than Kshudra Kushta. It is mentioned in the Classical text and again proved though this small clinical trial.

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