

A CLINICAL STUDY: ROLE OF GILOY (TINOSPORA CORDIFOLIA) IN THE TREATMENT OF KITIBHA W.S.R TO PSORIASIS

Naveen Kumar Saini

M.D (Kayachikitsa) Assistant Professor, S.B.M.N Ayurvedic College Asthal Bohar, Rohtak Haryana, India

Email: saininav86@gmail.com

ABSTRACT

Charming personality & good looks are prerequisite for success in 21st century. Skin is just like a mirror which reflects our emotions & aspects of normal physiology. Any disorder affecting skin must be noticed very early and the treatment modalities should be started as early as possible. *KITIBHA* (Psoriasis) is one the most dreadful dermatological condition affecting up to 2.5% of the world's & approximately 0.8% Indian population. It is a common, chronic and non- infectious skin disease characterized by well defined slightly raised, dry erythematous macules with silvery scales and typical extensor distribution affecting any sex & having incidence at any time throughout the life. So, present clinical study was carried out on 20 patients of *kitibha* (*psoriasis*) of age between 20 and 60. GILOY in powdered form was provided to them and results were calculated on the basis of PASI score and other symptomatic measures. i.e. *daha* (burning index) *kandu* (itching index). The mean PASI Score of before treatment was 24.14. It lowered down to 12.10 with $SD \pm 6.07$ giving a relief of 49.87% which was statistically significant. There was improvement in *daha* and *kandu* also i.e. 57.69 % 50.0 relief respectively

Key words: psoriasis, *daha*, *kandu*, plaque

INTRODUCTION

Number of skin disease increased markedly nowadays because of changed work culture, heavy workload, faulty food habits, lack of exercise, & changing life style & increasing pollution. Psoriasis is one the most dreadful dermatological condition.

Unlike other dermatological conditions psoriasis has systemic manifestation like arthritis. Peak incidence period is 3rd & 4th decade of life due to which patients find themselves helpless to do daily routine work. Social embarrassment is a key factor to these

patients due to which they gets frustrated and suicidal tendency developed to large extent. So to increase awareness in people an independent, nonprofit NGO named National Psoriasis Foundation (USA) is established aiming curing psoriatic patients & educating peoples about this condition. In people awareness program Month of August has been declared as “National Psoriasis Month” & “29th Oct has been officially declared as World Psoriasis Day.” The exact etiology of the disease is still a mystery. Many believe in its autoimmune nature. Role of T cell & TNF has been widely accepted but still exact nature of etiology is still not realized. Modern medicine treats psoriasis with PUVA, Topical & Systemic corticosteroids & Anti mitotic drugs.¹ But serious side effects like bone marrow depletion; Liver toxicity etc are again area for reconsideration of the therapy for longer duration. In *Ayurveda* all dermatological conditions are grouped under broad term *Kustha* which again have two divisions *Mahakustha* & *Kshudrakustha*. Among these there are three types of *kustha* i.e; ***Kitibha, ekkustha* and *mandal kustha* which have symptomatically similarities with psoriasis. Here I have correlated *kitibha* with psoriasis.**

KUSTHA:

Table 1: Causes of *Kustha Roga* in Tabular Form

Acharaja Hetu	Ca.Sa.	Su.Sa	A.S.	A.H. ⁴	M.N. ⁵	B.P ⁶
Papa Karma	+	+	+	+	+	+
Vipra Guru Tiraskara	+	-	-	+	-	-
Sadhu Ninda	-	-	+	+	-	-
Use of money & material acquired by unfair means	+	+	+	+	-	-
Killing the virtuous persons.	-	-	+	+	-	-

In *Ayurveda* term *Kustha* is having a very broad spectrum; it is not a single disease entity at all but it covers all the aspects of skin disorders. Any disorder in which skin is affected is included under *Kustha*. *Susruta* has termed it as ‘*Tvagamaya*’ & it is chronic in nature.

1. Charaka Samhita: *Acharya Charaka* has described the *Kushtha* in detail with long range of skin diseases with their etiology, pathogenesis & specific classification under the heading of *Kushtha*. *Acharya Charaka* has mentioned eighteen types of *Kushtha*. These have been classified under seven *Maha Kushtha* & eleven *Kshudra Kushtha* in *Nidana & Chikitsa Sthana*²

2. Sushruta Samhita:

Acharya Sushruta clearly described *Anuvamshika* (Hereditary) and *Krimija* (infectious) *nidanans* as a causative factor for *Kushtha*. *Kushtha* has been also included in list of *Aupasargika Roga*, which may spread from one person to another. In *Nidana sthana* *Acharya Sushruta* has explained the *Dhatugatatva* or *Uttarotar DhatuPravesha* of *Kushtha Roga*. The unique concept is also found in *Sushruta* by giving the two chapters of treatment (*Chikitsa*) i.e. *Kushtha Chikitsa* & *Maha Kushtha Chikitsa*.³

This is a very important factor and has been mentioned by all the *Acaryas*. Behavioral misconduct, antisocial activities, sinful activities and other punishable activities are considered under this heading. And as far as psoriasis is concerned the psoriasis is also an idiopathic disease because the exact cause is not known yet.

Laxanas of Kitibha:

Kitibha type of *kushta* is characterized as follows:

1. It is blackish brown in color;
2. It is rough in touch like a scar tissue; and
3. It is hard to touch.

Kitibhakushta has dry skin; rough, and hard, creating sound on scratching, hard and black.

That which is discharging, round, dense, severely itching and oily black is known as *kitibha*.

CHIKITSA (PRINCIPLE TREATMENT OF KUSHTHA):

Acharya Charaka has mentioned that all the *Kushthas* are caused by *Tridosha*, so the treatment is to be carried out according to the predominance of *Dosha*. The predominately vitiated *Dosha* should be treated first and the treatment of the other subordinate *Dosha* should be undertaken afterwards. The first line of treatment for all diseases is *Nidana Parivarjana*. In our classical text, detail description is available regarding the treatment of *Kushtha*. The principal line of treatment of *Kushtha* has been classified into two groups;⁷

1. *Samshodhana Chikitsa*
2. *Samshamana Chikitsa*

AIMS AND OBJECTIVE

1. To find out efficacy of *Guduchi/Giloy/Tinospora cordifolia* therapy in Psoriasis
2. To understand the etiopathogenesis of *Kitibha* w.s.r to Psoriasis.

MATERIAL AND METHODS:

Patients fulfilling the criteria and attending the OPD and IPD of SBMN Ayurvedic College Hospital, Asthal Bohar.

INCLUSION CRITERIA:

1. Patients of *Kitibha Kushtha* diagnosed by Ayurvedic classics and psoriasis diagnosed by Modern classics.
2. Patients between age 20-60 having *kitibha/psoriasis*
3. Patients without any complication eg. Psoriatic arthritis, N.I.D.D.M,C.A.D
4. Patients who accepted all condition of treatment i.e; not having any other medication

EXCLUSION CRITERIA:

1. Patients between age below 20 & above 60 having psoriasis
2. Patients with any complication i.e. psoriatic patches
3. Patients who accepted all condition of treatment i.e. not having any other medication.

DRUG REVIEW:

Botanical name – *Tinospora cordifolia* Wall. ex Seringe.

Family: Menispermaceae

The single drug *Guduchi* has been used in this trial in powdered form. *Guduchi* (*Tinospora*

cordifolia), also known as *amrita*, is one of the most valued herbs in the Ayurvedic pharmacy. *guduchi*'s role as an adaptogen, a potent herb that increases the body's resistance to stress, anxiety, and illness. The shrub is native to India, and its roots, stems, and leaves are used for healing.

Giloy – medicinal properties –Rasa – Taste – *Kashaya* (Astringent), *Tikta* (Bitter) *Vipaka* – Taste conversion after digestion – *Madhura* – sweet *Guna* – qualities – *Laghu* – Light to digest, *Snigdha* Oily, Unctuous. *Veerya* – Potency – *Ushna* – Hot

Effect on Tridosha – *Doshatrayahara* – Balances *Tridoshas* – *Vata*, *Pitta* and *Kapha* *Amrit* contains the bitter, pungent, and astringent tastes. Although it's traditionally used to remove accumulated *Pitta*, *guduchi* can balance all the *doshas*.

Chemical constituents: The stem and leaves contain *Tinosporine*, *Tinosporide*, *Corditolide*, *Tinosporin*, *Tinosporic acid*, *Corditol* & *Tinosporol*. *Berberillin* & a crystalline compound have also been reported. Leaves are rich in calcium and phosphorus.

Giloy uses: *Guduchi* is best to cause astringent effect, promoting digestion, alleviating

Vata, *Kapha*, constipation and *Raktapitta* (bleeding disorders)

Other uses: *Rasayani*, *Sangrahini*, *Balya*, *Ag-nideepani*, *Amahara*, *Trut hara*, *Dahahara*, *Mehahara* *Kasahara* *Paunduhara*, *kamala*, *Kushta*, *VatasraJvara* *Krimihara*, *Vamihara*, *Prameha*, *Shwasa kasa* *Arsha* *Krichra*, *Hrudya*, *Hrudroga*, *Chakshushya-Vayasthapana*, *Vrushya*

Doses: *Guduchi* powder 5 gm with luke warm water for 90 days twice a day was recommended for patients

Criteria of Assessment:

All the patients were assessed for relief in signs and symptoms and objective parameters after the completion of trial. To give objectivity to subjective signs and symptoms grading/scoring system was adopted which is as follows –

Subjective parameters: 1 PASI Score (Psoriasis area & Severity Index):

PASI Score was considered as both subjective & objective criteria as it covers both subjective as scaling, indurations and objective parameters as coverage area. **Elements:** A. Body regions as percent of body surface area B. Extent of body region affected C. Extent of psoriatic changes

Table 2: Body regions as percent of body surface area:

Body Regions	Code	% Body surface area
Head	H	10
Trunk	T	20
Upper extremities	U	30
Lower extremities	L	40

TABLE 3: B. Extent of body region affected: Different Body regions & their extend indicator were tabulated as Follows

Percentage of body region affected	Extend indicator
0 – 5%	0
5 – 25%	1
25 – 45%	2
45 – 55%	3
55 – 75%	4
75 – 95%	5
95-100%	6

Table 4: C. Extent of psoriatic changes: This was graded as follows given in the

Symptoms	code	Extend
Erythema	E	0-4
Infiltration	I	0-4
Desquamation	D	0-4

PASI = SUM (percent BSA in body region)* (extent Erythema in region) + (extent infiltration in region) + (extent desquamation in region)* (extent of body region affected)[0.1* (Erythema head) + (infiltration head) + (desquamation head)* (extent of head affected)] + [0.2*(Erythema trunk) + (infiltration trunk) + (desquamation trunk)* (extent of trunk affected)] + [0.3* (Erythema upper extremities) + (infiltration upper extremities) + (desquamation upper extremities)* (extent of upper extremities affected)] + [0.4* (Erythema lower extremities) + (infiltration lower extremities) + (desquamation lower extremities)* (extent of lower extremities affected)] Interpretation:

Minimum score – 0, Maximum score – 72

2 Kandu (Itching index): Symptom rating scale was as follows.

- 0: No Itching
- 1: Mild Itching comes occasionally, duration 2/3 min,

- 2: Moderate itching occurs frequently, lasts for longer time, scratching is essential.
- 3: Severe Itching, Occurs frequently, lasts More than 20-30 min, bleeding on scratching.

3 Daha (Burning index): Symptom rating scale was as follows.

- 0: No burning.
- 1: Mild burning comes occasionally, duration 2-3 min.
- 2: Frequent burning sensation more than 3 times last for 10 min.
- 3: Severe burning sensation more than 5 times, lasting more than 15 min, disturbs daily routine.

Objective Parameters:

Objective parameters were before and after findings of laboratory parameters. The parameters selected were as follows:

- 1. Routine blood count: Hb%, TLC, DLC.
- 2. ESR
- 3. Liver Function test: (SGOT, SGPT)

RESULTS:

TABLE 5: Showing Effect of Therapy in Subjective Parameters.

(Wilcoxon matched paired single ranked test)

Variables	Mean		Mean Diff	% Relief	SD±	SE±	p	S
	BT	AT						
PASI	24.14	12.10	12.04	49.87	6.07	1.92	0.003	HS
Kandu(Itching index)	2.60	1.10	1.50	57.69	0.69	0.22	0.003	HS
Daha(Burning index)	1.20	0.60	0.60	50.0	0.51	0.16	0.03	S

TABLE .6: Showing Improvement in Hematological Investigations

Parameter	BT	AT	Diff	%imp	SD±	SE±	t	p	S
Hb%	12.55	13.01	0.46	3.66	1.07	0.33	1.35	0.20	NS
TLC	5740	5720	20	0.34	204.40	64.63	0.30	0.76	NS
Neutrophills	64.20	62.40	1.80	2.80	3.45	1.09	1.64	0.13	NS
lymphocyte	34.30	33.70	0.60	1.74	1.17	0.37	1.61	0.14	NS
Eosinophill	1.90	1.70	0.20	10.5	0.78	0.24	0.80	0.44	NS
Monocytes	1.60	1.20	0.40	25	0.96	0.30	1.30	0.22	NS
Basophill	0.40	0.30	0.10	25	0.56	0.17	0.55	0.59	NS
ESR	31.20	19.40	11.80	37.8	11.04	3.49	3.37	0.008	HS

CONCLUSION

After observing the results on subjective and objective parameters it should be believe that giloy/*guduchi* has a lot of potential ingredients which not only showed physical as well as mental changes in patients, it reduced their stress level too. PASI score clearly indicates that drug has reduced the psoriatic patches. It showed good result on *lakshana* of psoriasis/ *kitibha* i.e. *daha*, *kandu* and on haematological criteria also.

REFERENCES

1. Dennis L Kasper, Anthony S.Fauci, Stehen L. Hauser, Dan L Longo, J.Larry Jameson & Joseph Loscalzo Harrison's Manual Of Medicine 19th edition .p.256
2. Sastri KN & Chturvedi GN charakasamhita vol 1 (nidansthan) Varanasi; chaukhambha bharati academy ;2009;p.n.250
3. Shastri AD Susrutasamhita vol 1 (Nidan & Chikitsa) Varanasi; chaukhambha Sanskrit Sansthan; 2010.pg.n311 &62,71 res.

4. Tripathi BN Astanga Hrydyam (Nidansthan) Delhi; chaukhambha Sanskrit Sansthan;2007.p.68
5. Sastri S. Madavnidanam vol 2 chaukhambha Parkashan Varansi; 2012.pg.n182.
6. Sharma S.S Bhavparkassamhita Madyam khanda (Nidansthan) Varanasi; chaukhambha Sanskrit Sansthan;1994.pg.n.122
7. Sastri KN & Chturvedi GN charakasamhita vol 2 (chikitsa sthan) Varanasi; chaukhambha bharati academy ; 2009; p.n.255

Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Naveen Kumar Saini : A Clinical Study: Role Of Giloy (Tinospora Cordifolia) In The Treatment Of Kitibha W.S.R To Psoriasis. International Ayurvedic Medical Journal {online} 2017 {cited April, 2017} Available from: http://www.iamj.in/posts/images/upload/1147_1152.pdf