

A COMPARATIVE STUDY OF EFFECT OF MAHANIMBADI CHURNAM & MAHAMANJISHTHA TAIL WITH VAJRAKA GHRUTAM & MULAKABIJADI LEPA IN THE MANAGEMENT OF KITIBHA KUSHTHA W.S.R. PSORIASIS

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ABSTRACT

The present life is full of stress & unhealthy diet habits; due to this life style, many diseases are capturing our society. In these diseases, skin diseases are very chronic & difficult to cure completely- diseases like Urticaria, Contact Dermatitis, Eczema, Fungal Infections & Psoriasis. To cure these diseases Ayurveda Medicine plays safe & important role. Many patients come towards Ayurveda to cure chronic diseases of skin bounced from Dermatologists as we are well known about allopathy medicines & its own limitations for treating skin diseases. All Skin diseases are come under heading of *Kushtha* or *Kshudra Roga* in *Ayurveda*. Psoriasis has clinical features same as that of *Kitibha Kushtha* in *Ayurveda* text.

Keywords: Psoriasis, *Kushtha*, Ayurveda.

INTRODUCTION

Identity of *Kitibha Kushtha* was from Vedic period (2500BC -1000BC). As *Kushtha* was present from Vedic period & *Vaidyas* treat *Kitibha Kushtha* as *Kshudra Kushthas*. In Modern medical science *Kitibha* can be compared with Psoriasis. Psoriasis is worst chronic skin disease ever. Around world 1-2% population is struggling with Psoriasis & among them 35- 50% struggling with complications of Psoriasis [11,13]. In India prevalence rate is 2-3% & male are more affected than female but less occurs in childhood [11,13]. Generally, onset of Psoriasis shows Kober's Phenomenon or sudden onset in Plaque Type Psoriasis [13]. *Kushtha* is of two types *Mahakushtha* having 7 types & *Kshudra*

Kushtha having 11 types. *Kitibha Kushtha* come under *Kshudra Kushtha* & *Sadhya* type[1,3]. *Acharya Charaka*, *Vagbhata* & almost all *Acharyas* says *Kitibha Kushtha* is *Vata-Kapha Pradhana*[1,5], except *Acharya Sushruta*, he says *Kitibha Kushtha* is *Pitta pradhana*[3]. Only in Ayurvedic literature causes of *Kitibha Kushtha* given, that are same as causes of *Kushtha* & *purvarupa* is also same as *Kushtha*[7]. Only *rupa* are different & that are characteristics from other *Kushthas*[7].

Etiology & Clinical Manifestation of *Kitibha*

Almost all *Acharyas* said about *Kitibha Kushtha* & explain it's *samprapti*, *Vishaja Kitaka* named *Kiti*;

black in colour causes *Kitibha*[3] said by *Sushruta* but other *Acharyas* says *Aharaja*, *Viharaj* or *KulajaHetus* are responsible for *Kitibha Kushtha*. *Purvarupa* of *Kitibha Kushtha* are as same as *Kushtha*, *Swedanam*, *Aswedanam*, *Shlakshna*, *Khara*, *Vivarnata*, *Daha*, *Kothonnati*, *Kandu*[7].

“*Shyawa Kinakhara Sparsha Parusham*”[1] is description given for *rupa* of *Kitibha Kushtha*. In Modern medicine Psoriasis is diagnosed by Scaly plaque with demarcated inflammation of skin [11], chronic in nature with Auspit’s sign shows Knober’s Phenomenon.

Samprapti (Pathogenesis)

Saptadushya are involved in *samprapti* of *Kitibha Kushtha* those were *Tridoshas*, *Twacha*, *Lasika*, *Rakta*, *Mamsa*[5]. Due to vitiated *tridoshas*, *saptadushyas* got *shaithilyata* & *tiryagavimargagama* & situated at *Khavaigunya* i.e. *Twaka* & forms *KitibhaKushtha*. In modern medicine, pathogenesis is not exactly cleared; in genetically HLA positive patients with provoking factors; activated antigen presenting cells (APC’s) due to T-lymphocyte immune disturbances release cytokinin & forms lesions of Psoriasis at epidermis [11].

SadhyaSadhyatwa (Prognosis)

Kitibha is *sadhya* type *Kushtha*[1], Modern medical science also says it is curable[11].

Materials & Methods

Present study was done in *DMM Ayurved College & Lakshimanrao Kalaspurkar Ayurved Hospital*, *Yavatmal*, *Maharashtra*, (India). It was open randomized interventional single blind comparative trial study done on randomly selected 60 patients from OPD & IPD irrespective of their gender, religion, occupation.

Randomly selected 60 patients of Psoriasis are diagnosed on clinical ground & inclusion, exclusion criteria were also kept in mind while selection of Patients, categorize them into two groups by card method. Group A given *Mahanimbadi Churnam*[10] (Internally) & *Mahamanjishtha Tail*[8] (Externally). Group B given *Vajraka Ghritam*[8] & *Mulakabijadi Lepa*[9] (Externally). Treatment of total 40 days with follow-up of every 7 days & further follow up up to 90day with 15-days interval. Separate case paper was made for assessment & diagnosis of Patients. Both the drugs were prepared in *Rasashatra* department of institute.

Table 1: Showing Inclusion & Exclusion criteria

Inclusion	Exclusion
<p>A) Subjective <i>Ugrakandu</i> (Itching), <i>Shyawam</i> (Blackish discoloration) <i>Kharata</i> (Hardness, Roughness), <i>Rukshta</i> (Dryess), <i>Ghanata</i> (Keratosis), <i>Srava</i> (Discharge), <i>Twakasphutana</i> (Reddish brown discoloration with silvery scales), <i>Daha</i> (Burning Pain), <i>Sandhishula</i> (Joint Pain) & , Auspit’s sign. Minimum first four symptoms should be present that are the cardinal symptoms of <i>Kitibha Kushtha</i>.</p> <p>B) Objective Criteria (Laboratory Investigations) CBC, ESR, BSL (Random), Urine (Routine, Microscopic) HIV, HBs Ag, X-ray</p>	<ul style="list-style-type: none"> • Patient below 7 yrs.& above 70 yrs. • Infective origin i)Koch’s ii) Hansen’s disease iii) Scabies iv) Fungal Infections v) Herpes Zoster • Allergic diseases like Urticaria, ABCD etc. • Immuno compromise like HIV, HBV. • Systemic & Chronic disease like DM, CCF, Renal Failure. • Cirrhosis of Liver with Esophagial Varices. • Cellulitis, Diabetic wound like conditions. • Pregnant & Lactating mothers. • Patients having any chronic diseases like Cardiac diseases, Endocrine disturbances excludes from study.

Termination Criteria

- Progressive worsening of disease & development of any complication during trial.
- Patients who do not complete the trial duration with follow up.
- Death of patient due to any cause

Precaution

Table 2: Showing Classification of Patients

	Group A	Group B
Drug	1.Mahanimbadi Churnam ^[10]	1.Vajraka Ghritam ^[8]
Route	Oral	Oral
Dose	3 gm i.e. 1.5gm twice in day	10ml/day i.e.5ml twice in day
Anupana	Koshnajala	Koshnajala
Drug	2.Mahamanjishtha Tail ^[8]	2.Mulakabijadi Lepa ^[9]
Route	Local Application	Local Application
Dose	According to surface area twice in day	According to surface area twice in day with gomutra

Criteria for assessment of results

Using all above mentioned subjective criteria patients were assessed for throughout study up to last 90th day follow up. The criteria for assessment of result was measured in percentage by using Dermatological Quality Life Index & Passi score given as follows for each & every symptoms.

Table 3: Showing Gradation score for each subjective criterion

Sr. No.	Score (Question)	Grade
1	Very much	Scored3
2	A lot	Scored2
3	A little	Scored1
4	Not at all	Scored0
5	Not relevant	Scored0
6	Questions Unanswered	Scored0
7	Prevented from studying & work	Scored3

Patients were counselled to stop medicine immediately & inform soon about adverse reaction if any.

CLASSIFICATION OF THE PATIENTS

Patients were randomly selected on clinical ground into one of the group by random number method.

Table 4: Showing % of relief according to gradation

Sr.No.	% relief from symptoms	Grade
1	0	0
2	<10	1
3	10-29	2
4	30-49	3
5	50-69	4
6	70-89	5
7	90-100	6

Criteria to evaluate the overall effect of drugs.

The relief in percentage for each symptom in each patient is calculated as given above & sum of all symptom's percentage relief giving the result of drug in individual patient for respective group.

Sum of total relief in 30 patients give relief in percentage for respective group.

Upashaya of drugs studied on the basis of reduction of severity of symptoms. Clinical results are classified as follows.

1. Excellent Results = 100%
2. Good Results = 75-99%
3. Moderate Results = 51-74%
4. Mild Results = 26-50%
5. No Results = 0-25%

Hypothesis

Ho – Both Group A & Group B Drugs are equally effective in Management of *Kitibha Kushtha*.

H1 – Group A Drugs are more effective than Group B in Management of *Kitibha Kushtha*.

Aims & Objective

1. To study the efficacy of *Mahanimbadi Churnam*^[10] & *Vajraka Ghrutam*^[8] Internally in management of *Kitibha Kushtha*.
2. To study the efficacy of *Mahamanjishtha Tail*^[8] & *Mulakabijadi Lepa*^[9] Externally in management of *Kitibha Kushtha*.
3. To give better life for Psoriatic Patients.

OBSERVATIONS & RESULTS

Table 5: Showing age & sex wise distribution

Criteria	Age in years						Sex	
	8-20	21-30	31-40	41-50	51-60	61-70	Male	Female
Group A	00	3 (10%)	6 (20%)	9 (30%)	8 (26.7%)	4 (13.3%)	18 (60%)	12 (40%)
Group B	3 (10%)	6 (20%)	6 (20%)	7 (23.3%)	4 (13.3%)	4 (13.3%)	16 (53.3%)	14 (46.7%)
Total	3 (5%)	9 (15%)	12 (20%)	16 (26.7%)	12 (20%)	8 (13.3%)	34 (56.7%)	26 (43.3%)

Table 6: Showing religion wise distribution of 60 Patients of both groups

Sr. No.	Religion	No. of Patients			Percentage%		
		Group A	Group B	Total	Group A	Group B	Total
1	Hindu	16	20	36	53.33	66.67	60
2	Buddhist	11	09	20	36.67	30	33.33
3	Muslim	03	01	04	10	3.33	6.67

Table 7: Showing family history wise distribution of 60 Patients of both groups

Sr. No.	Family history of Psoriasis	No. of Patients			Percentage%		
		Group A	Group B	Total	Group A	Group B	Total
1	Yes	08	08	16	26.67	26.67	26.67
2	No	22	22	44	73.33	73.33	73.33

STATISTICAL ANALYSIS^[14]

Table 8: Showing type of Psoriasis in 60 Patient

Sr. No.	Type of Psoriasis	No. of Patients			Percentage%		
		Group A	Group B	Total	Group A	Group B	Total
1	Palmar	04	05	09	13.33	16.67	15
2	Plantar	02	05	07	6.67	16.67	11.67
3	Palmoplantar	04	02	06	13.33	6.67	10

4	Plaque	09	06	15	30	20	25
5	Guttate	04	05	09	13.33	16.67	15
6	Plaque+Palmar	01	01	02	3.33	3.33	3.33
7	Plaque+Guttate	02	03	05	6.67	10	8.33
8	Plaque+Scalp	02	02	04	6.67	6.67	6.67
9	Plaque+Palmopltantar	01	00	01	3.33	00	1.67
10	Guttate+Palmar	00	01	01	00	3.33	1.67
11	Guttate+Scalp	01	00	01	3.33	00	1.67

All symptoms given in the table are subjective in nature & evaluated on the basis of assessment criteria as given in the methodology. As all symptoms are assessed in percentage as said earlier on the basis of DQLI & PASSI Score; for easy calculations of statistics data, percentage relief is converted on the scale of 10, eg – 10% is considered as 1, therefore all subjective before treatment considered as 10. Therefore, effect of therapy in each group was statistically evaluated by non-parametric tests as the data not follow normal distribution. It is prerequisite of parametric test that data must be quantitative, must follow normal distribution & sample

should be selected by random method. Therefore, these data of the said group were analyzed by using Wilcoxon Signed Rank Test, Sign Test & comparison of both groups analyzed by Chi – Square test.

By applying Wilcoxon Sign Rank Test & Sign Test Z score for each subjective criterion was negative value & P was 0.000 which was < 0.001 i.e. both group drugs were effective in each subjective criterion at 40th & 90th day of treatment.

By comparing effect of both group on the scale of 10 by Chi Square test results are as follows

Table 9: Showing result of therapy After Treatment in both Group Patients

Sr. No.	Patients	Result				
		Excellent	Mild	Moderate	Good	No Result
1	Group A	00	6	20	2	2
2	Group B	00	6	19	3	2
3	Total	00	12	39	5	4

Comparing two groups by Chi – Square test calculated P= 0.973348 which is >0.05. By applying Chi-square Test P value is 0.973348 > 0.05 in fact much higher than that, hence we accept Null Hypothesis (Ho) which clearly indicates that there is no difference in recovery among Group A & Group B.

The difference in recovery rate among two Groups is very minimum which is not due to randomness in fact we are looking at 30 randomly selected sample rather than all cases.

This clearly says that there are same results in Group A as well as in Group B.

Table 10: Showing relief of therapy in percentage for each subjective at 40 & 90 days.

Sr. No.	Assessment criteria	Group A			Group B		
		40 th day	90 th day	Total(A.T.)	40 th day	90 th day	Total(A.T.)
1	<i>Ugrakandu</i>	58.7	57.7	58.2	61.3	64	61.8
2	<i>Shyawam</i>	61.8	59.7	60.8	58.4	60.3	60.4
3	<i>Kharata</i>	56.7	54	55.5	59.7	57.3	58.2
4	<i>Rukashata</i>	54.6	55.4	55	59.3	57.3	59.4
5	<i>Ghanata</i>	58.3	60.4	59.7	61	63.4	62.7
6	<i>Srava</i>	52.3	47	49.7	53.3	50.2	52.8
7	<i>Twakasphutana</i>	56.6	56.7	56.3	57.7	61.3	59.8
8	<i>Daha</i>	58.5	55.4	57	67	60.6	63.8
9	<i>Sandhishula</i>	62.7	61.8	62.3	68.6	61.4	63.6
Average relief		57.7	56.4	57.16	60.7	59.5	60.3

DISCUSSION

Skin diseases are very difficult to treat completely. Regarding Psoriasis there is no effective medicine discovered yet which eradicate it from route & having no recurrence of it. Study shows that maximum number of patients were from 3rd -5th decade of life & children was less involved, Male were more prone to disease than female. 25% patients out of 60 shows family history positive. Plaque type Psoriasis was found common. Effect of therapy is equally effective by statistical analysis for each subjective criterion at day 40th & day 90th. But comparatively at 40th day shows more results than that of day 90th in percentage.

Summary

In the present study 60 patients from clinical ground were selected & treated for Psoriasis in two groups both groups were containing Internal & External medicines. Data is collected individually from OPD & IPD of L.K. Ayurved Hospital Yavatmal. Treatment given for 90th day assessment was done periodically to analyses improvement in symptoms.

CONCLUSION

Total 60 numbers of patients of Psoriasis studied from population. All *Acharyas* said about

Kitibha Kushtha but no separate *Purvarupa & Samprapti* of it. *Kitibha Kushtha* is *Vata-Kaphapradhana* & having *Saptadushyas*. Adults are more affected, Plaque type Psoriasis found common, Male are more affected & shows genetical relation. Both group A & group B are equally effective & less recurrency & chronicity. Ayurvedic treatment relatively safe than any other medical pathies treatment.

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