RANDOMIZED CONTROLLED CLINICAL STUDY TO EVALUATE ROLE OF AAMRABEELJA-HARITAKI LEPA IN DARUNAK (DANDRUFF)

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ABSTRACT
Currently available modern treatment for dandruff has various limitations, either due to poor clinical efficacy or due to the compliance issues. As skin cells die a small amount of flaking is normal but some people, however, experience an unusually large amount of flaking either chronically or as a result of certain triggers, which can also be accompanied by redness and irritation. Prevalence of Dandruff is high, in India nearly 18.38%. Having to deal with dandruff is crucial and embarrassing. Recurrence is common. The trial lepa is given in Laghuveerya. Contents of trial lepa are Aamrabeeja, Haritaki and Godughda. Haritaki is having aushadhi pathogenesis. It’s spachanaby Bhrajakagni and new metabolites formation occurs which causes pacification of Doshas thus breaking the pathogenesis. Content of lepa are Aamrabeeja, Haritaki and Godughda. Haritaki is an aushadhidrug hence it works with its veerya and Aamrabeeja is anaahareeya-dravya hence it is assumed to work by its rasa. Haritaki is having ushnaveeryawhich pacifies Vata and Kapha Doshas. Ka-

INTRODUCTION
Dandruff is the shedding of dead skin cells from the scalp. As skin cells die a small amount of flaking is normal but some people, however, experience an unusually large amount of flaking either chronically or as a result of certain triggers, which can also be accompanied by redness and irritation. Prevalence of Dandruff is high, in India nearly 18.38%. Having to deal with dandruff is crucial and embarrassing. Recurrence is common. The trial lepa is given in Laghuveerya. Contents of trial lepa are easily available and are economical. Lepa application releases active principles; they enter at proper site in skin and get absorbed. It’s spachanaby Bhrajakagni and new metabolites formation occurs which causes pacification of Doshas thus breaking the pathogenesis. Content of lepa are Aamrabeeja, Haritaki and Godughda. Haritaki is an aushadhidrug hence it works with its veerya and Aamrabeeja is anaahareeya-dravya hence it is assumed to work by its rasa. Haritaki is having ushnaveeryawhich pacifies Vata and Kapha Doshas.
shaya rasa of Haritaki acts as twakaprasadana (skin nourishing agent) and vranaropaka (wound healing agent). Haritaki is said to destroy diseases caused due to Vata and Kapha Doshas. Aamrabeeja is having Kashaya rasa – which acts as twakaprasadana and vranaropana. Godugdha with its snigdhaguna destroys Rukshata (dryness) and Darunata (harshness).

MATERIALS
A) Sample size: - Total 60 (30 in two groups)
B) Drugs
1) Aamrabeeja Majja (Mangifera indica kernel) Choorna
2) Haritaki Phala (Terminalia chebula fruit) Choorna
3) Fresh unprocessed cow milk
4) Ketoconazole 2% with Zinc Pyrithione (Z.P.T.) 1%
   (Readymade market preparation)
Consent
A written informed consent of all patients was taken.

METHODS: - The present study was conducted in two phases
A) Pharmaceutical phase
B) Clinical phase
A) Pharmaceutical phase: – included collection of drugs, authentication of collected drugs and preparation of powders of both the drugs.
B) Clinical phase
Inclusion criteria
1) Patients suffering from dandruff.
2) Age: Between 16-40 years, irrespective of gender, socio-economical and marital status.
Exclusion criteria
1) Psoriasis of scalp
2) Eczema of scalp
3) Immune- compromised conditions and systemic infections
4) Conditions in which head wash is restricted like Ardita, Pratishyaya, injuries to scalp etc.

Methodology
Selection of samples was done according to inclusion and exclusion criteria. Randomization of samples was done by lottery method. Two groups were allotted, Trail group and control group, each having 30 samples.

Group A- trial drug (Aamrabeeja-Haritaki Lepa)
Group B- Control group (Ketoconazole Shampoo)

Group A: The lepa was prepared by soaking fine drug powders (1:1 proportion) in unprocessed fresh cow milk for 1 hour to obtain a homogeneous mixture. A thick coat of lepa (1/4 angula thick, approximately 3-4 mm) was applied over the scalp. Lepa was kept for 20 minutes and then rinsed off with Luke warm water.
Duration – Seven consecutive days.

Group B: For control group, patients were given a market sample of Ketoconazole 2% with ZPT 1%. The shampoo was applied on the affected area, left for 5 minutes and then rinsed off with Luke warm water.
Duration - Weekly twice for three consecutive weeks
Follow ups were taken on 3rd, 7th, 14th, 21st and 30th day.
Withdrawal criteria
1. If patient develops any side effects
2. on aggravation of symptoms
3. Patient not willing to continue the treatment

Assessment criteria
1) Scaling
2) Kandu (Pruritus)
3) Keshbhoomi Prapaatan (Cracking of skin)
4) Keshchyuti (Hair loss)
Gradation index

1) Scaling
a) Area of quadrants affected with grades.
   1) Less than 10%-----0
   2) 11-30%----------1
   3) 31-50%---------2
   4) 51-70%---------3
   5) More than------4

70%

b) Severity
1) A small flake resembling a coarse grayish white powder------1
   (Chalk dust size)
2) Intermediate (Refined salt crystal size) -
   --------------------------2
3) Large flakes very loosely attached to the scalp and----------3
   Giving irregular whitish surface (Wooden powder size)
4) Flakes apparently congealed together into yellowish plates-----4
   Adhering to scalp, sometimes with evidence of exudates. (larger than grade 3)

2) Kandu (Pruritus)
0- Absence of itching
1- Mild itching, ignorable
2- Moderate itching sensation over scalp relieved after itching for a while
3- Severe itching sensation over scalp, interrupting daily activities

3) Keshbhoomiprapatan (cracking of skin)
0- Absent
1- Present

4) Keshchyuti (Hair loss)
   It was judged on Visual Analogue scale. Every patient was assigned a score of 10 before starting treatment. Weekly improvement was noted. 0 to 3 ---excellent relief
   4 to 6 ---Moderate relief
   7 to 9 ---Mild relief
   10 ------ No relief.

Diet
Regular diet of all the patients was continued.

Routine
No any daily routine change was suggested during the treatment period.

Total effect of therapy
Total effect of therapy was determined on the basis of relief.
Complete Remission - > 75% relief in symptoms.
Marked Improvement - 51% to 75% relief in symptoms
Moderate Improvement - 25% to 50% relief in symptoms
No effect - below 25% relief in symptoms

OBSERVATION AND RESULTS
The data collected from clinical study was analyzed under two headings
1) Demographic analysis
2) Clinical efficacy of the therapy under study.

Table No.1 Showing Effect on general Score of Patients of Darunak Trail group

<table>
<thead>
<tr>
<th>Sr. no</th>
<th>Symptom</th>
<th>BT</th>
<th>AT</th>
<th>Difference</th>
<th>% of relief</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Scaling-Area covered</td>
<td>77</td>
<td>17</td>
<td>60</td>
<td>77.92</td>
</tr>
<tr>
<td>2.</td>
<td>Severity</td>
<td>62</td>
<td>30</td>
<td>32</td>
<td>51.61</td>
</tr>
<tr>
<td>3.</td>
<td>Kandu</td>
<td>62</td>
<td>08</td>
<td>54</td>
<td>87.09</td>
</tr>
<tr>
<td>4.</td>
<td>Keshbhoomiprapatan</td>
<td>04</td>
<td>01</td>
<td>03</td>
<td>75.00</td>
</tr>
<tr>
<td>5.</td>
<td>Hair loss</td>
<td>300</td>
<td>114</td>
<td>186</td>
<td>62.00</td>
</tr>
</tbody>
</table>

(BT- Before treatment & AT- After treatment)

Table No.2
Control group

<table>
<thead>
<tr>
<th>Sr. no</th>
<th>Symptom</th>
<th>BT</th>
<th>AT</th>
<th>Difference</th>
<th>% of relief</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Scaling-Area covered</td>
<td>76</td>
<td>14</td>
<td>62</td>
<td>81.57</td>
</tr>
<tr>
<td>2.</td>
<td>Severity</td>
<td>69</td>
<td>30</td>
<td>39</td>
<td>56.52</td>
</tr>
<tr>
<td>3.</td>
<td>Kandu</td>
<td>61</td>
<td>15</td>
<td>46</td>
<td>75.40</td>
</tr>
<tr>
<td>4.</td>
<td>Keshbhoomiprapatan</td>
<td>03</td>
<td>01</td>
<td>02</td>
<td>66.66</td>
</tr>
<tr>
<td>5.</td>
<td>Hair loss</td>
<td>300</td>
<td>129</td>
<td>171</td>
<td>57</td>
</tr>
</tbody>
</table>

Table No.3 Showing Effect of Therapy on 60 Patients of Darunak

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Total effect of Therapy</th>
<th>Relief in percent In symptoms</th>
<th>Trail group</th>
<th>Control group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>No of Pt.</td>
<td>%</td>
</tr>
<tr>
<td>1.</td>
<td>Complete Remission</td>
<td>&gt; 75%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2.</td>
<td>Marked Improvement</td>
<td>51% to 75%</td>
<td>27</td>
<td>90</td>
</tr>
<tr>
<td>3.</td>
<td>Moderate Improvement</td>
<td>25% to 50%</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>4.</td>
<td>No effect</td>
<td>below 25%</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table No.4 showing recurrence of dandruff after completion of therapy

<table>
<thead>
<tr>
<th>Assessment criteria</th>
<th>Recurrence in percent</th>
<th>Control group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Trial group</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 wk</td>
<td>2 wk</td>
</tr>
<tr>
<td>Area covered</td>
<td>3.33%</td>
<td>10%</td>
</tr>
<tr>
<td>Scaling Severity</td>
<td>3.33%</td>
<td>6.66%</td>
</tr>
<tr>
<td>Kandu</td>
<td>No rec</td>
<td>No rec</td>
</tr>
<tr>
<td>Skin cracking</td>
<td>No rec</td>
<td>No rec</td>
</tr>
<tr>
<td>Hair loss</td>
<td>No rec</td>
<td>No rec</td>
</tr>
</tbody>
</table>

(Rec= Recurrence)

**DISCUSSION**

**Area covered:** In trial group only 3.33% patients show recurrence in first week. In control group it is 20%.
In second week after completion of therapy 3.33% patients from trial group and 40% from control group show recurrence.
In the third week 16.66% patients from control group and 50% patients from trial group show recurrence.

**Severity:** In trial group only 3.33% patients show recurrence in first week while in control group it is 16.66%.
In second week after completion of therapy 6.66% patients from trial group and 26.66% from control group show recurrence.
In the third week 16.66% patients from trial group show recurrence and from control group 33.33% patients show recurrence.

**Kandu:** In trial group there is no recurrence of Kandu in first two weeks and after third week of completion of therapy only 3.33% patients show recurrence. In control group 6.66% patients show recurrence in first week, 13.33% in second week and 26.66% in third week after completion of therapy.
Keshbhoomiprapatan: No recurrence is observed in Keshbhoomiprapatan in both the groups

Hair loss: In trial group no recurrence was observed in first two weeks. In third week it was observed in 10% patients. In control group recurrence is 6.66%, 26.66% and 40% in first, second and third week respectively

CONCLUSION

- The control group has better relief in dandruff scaling both area wise and severity wise.
- Trial group has better relief in itching and cracking of skin than control group
- Trail drug is absolutely safe and is economical
- Control drug is known to have hazardous side effects including teratogenic activity, though in the present study only dry, split hairs and hair loss like minimal side effects of control group are observed. Less recurrence is seen in trial group patients.

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Source of support: Nil
Conflict of interest: None Declared