



Research Article

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EFFICACY OF PANCHATIKTA GHRIIT GUGGUL IN THE MANAGEMENT OF MANDAL KUSHTHA WITH SPECIAL REFERENCE TO PSORIASIS

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ABSTRACT

The word Psoriasis is derived from the Greek word 'Psora' for 'Itch'. The prevalence is approximately 1-3% in population. It usually appears first between ages of 15 to 30 years. The clinical course of Psoriasis is very variable. It is a very common, non specific skin disorder with distinct clinical feature and can be compared with 'Mandal Kushtha'. Mandal Kushtha is Kapha type of disorder, having signs like unctuous, white, stable patches over skin. In a present study a clinical trial was conducted on 30 patients in order to prove efficacy of drug 'Panchatikta ghrita guggul' in Mandal Kushtha. Type of Study was plain randomized. 'Panchatikta ghrita guggul' was given in the dose of 1gm BD, with anupan of hot water, after meal for 90 days. After completion of treatment we found that, the total % of relief was 58% in subjective parameters.

Key words: Mandal kushth, Psoriasis, Panchatikta ghrit guggul.

INTRODUCTION

Psoriasis is a disease of unknown etiology, and contributing immune system of body. There are two epidemiological patterns of Psoriasis, First shows- an onset in the teenage and early adult age. Such individuals frequently have a family history of Psoriasis and there is increased prevalence of HLA-CW6. In second pattern- Onset is in an individual's fifties or sixties, a family history is less common and HLA group CW6 is not so prominent¹. So triggering factors for psoriasis are hereditary or family history, injury to skin, Hypercholesteremia, certain toxic drugs, emotional stress & anxiety². Ayurveda attributes following etiological factors like incompatible food items & liquids, unctuous & heavy substances, suppress the natural urges particularly of vomiting³, are exposed to physical exercise & intense heat after eating excessively, use cold and hot, lightening measures & diet against the prescribed order⁴, take food during indigestion, use contraindicated items while undergoing Panchakarma⁵, use excessively new cereals, curd, fish, salt & sour substances⁶, perform sexual intercourse during indigestion, sleep regularly in day etc⁷. In current study drug selected is Panchatikta ghrit guggul, reference from Bhaishjyarnavali kushthrogadhikara⁸, which is combination of 5 drugs which has bitter taste (tiktarasatmaka). So probable mode of action of Panchatikta ghrita guggul can be considered as, All properties of this drug acts on cellular level of skin decreasing Keratinization of skin layer thus improving cell cycle as a result of these symptoms like Itching, extensive patches, unctuous & raised red color of patches were reduced giving normal texture to skin.

Aim

To evaluate the efficacy of Panchatikta ghrita guggul in the management of Mandal kushtha with special reference to Psoriasis

Objectives

- To study Ayurved & Modern concepts of Psoriasis.
- To study the mode of action of Panchatikta ghrita guggul in the management of Psoriasis (Mandal Kushtha).
- To study changes in subjective parameters of disease with help of statistical data.

MATERIALS AND METHODS

Source of Data- Patients having sign & symptoms of Psoriasis (Mandal Kushtha), consulting the OPD of SSNJ Hospital, Solapur.

Ethical Clearance Number- 18/12/2009 by Letter No. MUHS/PG-T/E3/1972/2009

Number of patients- clinically diagnosed 30 patients of Psoriasis (Mandal Kushth) were selected.

Type of study- Plain randomized

Open randomized study

Clinically diagnosed 30 patients of Mandal Kushtha.

Drug- Panchatikta ghrita guggul

Dose-1 gm BD in tablet form

Anupana – Koshna jala

Route of administration- Orally

Total duration of treatment- 12 weeks

Follow up – After 15 days

Drug Review⁹

Table 1: Contents of panchatikta ghrit guggul

Drug	Latin name
Nimba	<i>Azadirachta indica</i>
Guduchi	<i>Tinospora cordifolia</i>
Vasa	<i>Adhatoda vasika</i>
Patol	<i>Trichosanthes dioica</i>
Nidigdika	<i>Solanum xanthocarpum</i>
Ghrita	<i>Ghee</i>
Guggul	<i>Commiphora mukul</i>

Pharmaceutical study of tablets

Moisture contents- 7.44%
 Ash value- 8.95%
 Water extract- 41.5%

Inclusion Criteria

- Patients having signs & symptoms of Mandal kushtha or Psoriasis
- Age - 20- 60 years.
- Sex- both sexes
- patients who were willing to give informed consent were included in study

Exclusion Criteria

- Age- below 20 & above 60 years.
- Pregnant & lactating women
- Patients having severe systemic illness
- Patients having signs & symptoms of Leprosy

Subjective Criteria

- Excessive or no perspiration¹⁰
- Deranged complexion
- Horripilation
- Color of patches red & white

- Appearance of patches.
- Itching
- Pain
- Stability of patches
- Patches joined with each other
- Exhaustion
- Unctuous patches.

OBSERVATIONS

This clinical trial was conducted on 30 patients of Mandal Kushtha. Observations noted during trial was -

1. Appearance of Mandal Kushtha in female was 43% & in Male 57%
2. 87% Hindu & 13% Muslim Patients were included in study
3. 80% married & 20% unmarried patients were suffering from Mandal kushth
4. Socio-economic distribution as 3% in rich class, 64% in middle class, 33% in poor class.
5. 63% patients were having loss of appetite (Mandagni)
6. 17% patients had tobacco addiction, 43% had tea addiction, and 27 % had no any addiction.
7. 3% patients had constipation, 10 had irregular bowel habits, and 87% had normal bowel habit.

Table 2: Symptom wise relief before & after treatment

Symptoms	Before treatment score	After treatment score	Relief	Relief %
Perspiration	57	2	55	96.49
Deranged complexion	85	22	63	74.12
Appearance of patches	89	15	74	83.15
Itching	85	11	74	87.06
Pain	70	2	68	97.14
Red / white color of patches	89	6	73	92.41
Stability of patches	84	6	78	92.86
Patches joined with each other	80	20	60	75.00
Horripilation	29	0	29	100.00
Exhaustion	39	0	39	100.00
Unctuous	67	1	66	98.51

RESULT & DISCUSSION

Drug selected for trail is Panchatikta ghrita guggul reference from Bhaishjyarnavali Kushtrogadhikara. The main contents of this drug are Panchatikta gana dravyas, ghee & Guggul. So probable mode of action of Panchatikta ghrita guggul can be said as all contents are having tikta rasa, laghu & ruksh guna, so it acts as anti itching property, kled & vikrut meda upashoshan, vranashodhak¹¹. It mainly acts on body wastes (kleda), fa t(meda), lasika (plasma), rakta (blood), pitta, swed (sweat) & shleshma¹². Nimb (*Azadiracta indica*) has chemical composition of Nimbin, Nimbidin possesses significant dose dependant anti-inflammatory activity & significant anti ulcer effect¹³. Guduchi (*Tinospora cordifolia*) having Berberin & tinosporin mainly acts as anti-oxidant & immune-potentiating thus cell layers during disease pathology are improved by this drug¹⁴. Vasa (*Adhatoda vasica*) the Vascicinone has anti-histaminic property as well as it is anti-oxidant & anti - inflammatory¹⁵. Patol (*Trichosanthes dioica*) has anti-oxidant¹⁶ & Nidigdihika (*Solanum xanthocarpum*) has anti-histaminic property¹⁷. Guggul (*Commiphora mukul*) has excellent property to act on vikrut kleda (abnormal body wastes) & meda (fat) , mamsa dhatu (flesh) as it has Katu, Tikta , Kashay, Madhur rasa, Ushna veerya & katu Vipak¹⁸. Guggul stimulates body activity to build up immune system. Ghrita has lipophilic action so helps in ion transportation to a target organ. This lipophilic nature of Ghrita

facilitates entry of drug in to cell & it's delivery to mitochondria, micro some & nuclear membrane. Also it helps in restoring the normal texture to skin¹⁹. So all these properties acts mainly at cellular level of skin decreasing keratinization of cell layer thus improving cell cycle as a result symptoms like itching, deranged complexion, unctuous, perspiration, white or red patches are reduced giving normal texture to skin

Table 3: Total % of relief after treatment

Relief %	Number of symptoms	%
70-80	2	17%
80-90	3	25%
90-100	7	58%

In present clinical trial results were obtained with the help of t-test. Highly significant changes were obtained in perspiration, Horripilation, Exhaustion, Itching & Unctuous symptom. Out of 13 symptoms 2 symptoms were got poor relief i.e. 17 %. 3 symptoms got moderate relief i.e. 25% and 7 symptoms got good relief i.e. 58%.

CONCLUSION

Psoriasis can be compared with Mandal Kushth, due to its diffused & difficult to treat nature²⁰. A clinical trial was

conducted on 30 patients in order to prove efficacy of drug 'Panchatikta ghrita guggul'. Drug was given in dose of 1gm BD, with Anupan of hot water, after meal for 90 days. After completion of treatment the relief 58% was assessed, in subjective parameters. From present clinical trial & discussion it can be concluded that Mandal kushtha is more prevalent in male more than female. In causative factors mainly incompatible food items & liquids, unctuous & heavy substances are seen. Mental stress is main causative factors in probably all patients. The patients who are having more than 10 years of chronicity have poor results. The drug Panchatikta ghrita guggul is more effective in mild & moderate cases of Psoriasis (Mandal Kushtha).

REFERENCES

1. Davidson, Principle of practice of Medicine, skin diseases, Psoriasis, Page no. 1260, Published by Elsevier, 21th ED.
2. Harsh Mohan, Textbook of pathology, The Skin, Page no 778,779, published by Jaypee brothers, 6th edition.
3. Priyavat Sharma, Charaksamhita, Chikitsa sthana Kushthrogadhikara 7/4, Published by Choukhamba Oriantilia, 2th Ed. 1994
4. Priyavat Sharma, Charaksamhita, Chikitsa sthana Kushthrogadhikara 7/5, Published by Choukhamba Oriantilia, 2th Ed. 1994
5. Priyavat Sharma, Charaksamhita, Chikitsa sthana Kushthrogadhikara 7/6, Published by Choukhamba Oriantilia, 2th Ed. 1994
6. Priyavat Sharma, Charaksamhita, Chikitsa sthana Kushthrogadhikara 7/7, Published by Choukhamba Oriantilia, 2th Ed. 1994
7. Priyavat Shar Priyavat Sharma, Dravyaguna Vidnyana Part II, Published by Choukhamba Bharti Akadami 2003Ed
8. ma, Charaksamhita, Chikitsa sthana Kushthrogadhikara 7/8, Published by Choukhamba Oriantilia, 2th Ed. 1994
9. Ambikadatta Shastri, Bhaishjyarnavali Kushthrogadhikar 54/233-236, Page no 904 Published by Choukhamba Sanskrit Sansthana, 18th Ed.2005
10. Priyavat Sharma, Dravyaguna Vidnyana Part II, Published by Choukhamba Bharti Akadami 2003Ed.
11. Priyavat Sharma, Charaksamhita, Chikitsa sthana Kushthrogadhikara 7/16, Published by Choukhamba Oriantilia, 2th Ed. 1994
12. Dr. Ambikadatta Shastri, Sushrutsamhita Purvardha, Published by Choukhamba Sanskrit Sansthana, Ed.2005
13. Priyavat Sharma, Dravyaguna Vidnyana Part II, Published by Choukhamba Bharti Akadami 2003Ed.
14. Priyavat Sharma, Dravyaguna Vidnyana Part II, Published by Choukhamba Bharti Akadami 2003Ed
15. Priyavat Sharma, Dravyaguna Vidnyana Part II, Published by Choukhamba Bharti Akadami 2003Ed
16. Priyavat Sharma, Dravyaguna Vidnyana Part II, Published by Choukhamba Bharti Akadami 2003Ed
17. Priyavat Sharma, Dravyaguna Vidnyana Part II, Published by Choukhamba Bharti Akadami 2003Ed
18. Priyavat Sharma, Dravyaguna Vidnyana Part II, Published by Choukhamba Bharti Akadami 2003Ed
19. Kashinath Shastri ,Charaksamhita Sutra sthana 13/14 Published by, Published by Choukhamba Sanskrit Sansthana, 8th Ed. 2004
20. Shamkuwar Manoj Keshao, Jaiswal Lalchand, Shrivasa Yogita Kameshwar, Jindal Nitin and Mishra Deepa. Effect of Matra Basti of Panchatikta Ghrita in Psoriasis. Int. J. Res. Ayur. Pharm. 2012; 3(6):789-791 DOI: 10.7897/2277-4343.03619

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