

Study Of Efficacy Of Laghumanjishthadi Kwatha Along With Lodhradi Mukhlepa In The Management Of Mukhdushika

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ABSTRACT

Background: Mukhdushika is not explained under separate chapter by any of Acharya. These are explained under the heading of Kshudrarogas. Kshudra means minor and Rogas means disease. Acharya Sushruta is first to elaborate these Kshudrarogas in Chikitsasthan.

Aims and objective: To study the efficacy of Laghumanjishthadi kwatha along with Lodhradi mukhlepa in the management of Mukhdushika.

Material and methods: These total patients divided in two groups. The control group is given with Arogyavardhini vati in dose 2 vati morning and evening along with Lodhradi lepa application in morning up to drying for a period of 28 days. The trial group is given Laghumanjishthadi kwatha and Lodhradi lepa application in morning up to drying for a period of 28 days.

Result: Therapy shown mild improvement in 8 (12.9%), moderate improvement in 19 (30.6%) and marked improvement in 35 (56.5%).

Conclusion: Today due to changing lifestyle and heavy pollution the problems like Acne are increasing day by day. In this study we tried to highlight Ayurvedic management of Acne vulgaris (Mukhdushika)

INTRODUCTION

Mukhdushika is not explained under separate chapter by any of Acharya. These are explained under the heading of Kshudrarogas. Kshudra means minor and Rogas means disease. Acharya Sushruta is first to elaborate these Kshudrarogas in Chikitsasthan. Kshudrarogas has less Nidana, Lakshan, Treatment and Bheda description with respect to Jwaradi Rogas or these diseases are comparatively

less threatening than other diseases. Then vagbhata and Madhavkar described Mukhdushika under the heading of Kshudraroga. Mukha and Dushika .it is derived from the word it signifies which disfigures the face along with discolouration is known as Mukhdushika. The external application of a paste prepared from the drugs is known as Lepa. Or the medicines in the form of paste used for external application are known as Lepa. It is used to improve the skin health as well as relive the diseases. Acharya Sushruta has described lepa has three types i.e. Pralepa, Pradeha and Aalepa.(su.su.18/6)¹ Acharya Vagbhata mentioned three types of lepa they are Doshaghna, vishaghna and Varnyakar (A.H.su.22/14-15)². Acharya Sharangdhara mentioned three types of lepa same as Vagbhata (Sh.uttarkhanda11/1)³. In ayurvedic samhitas treatment of Mukhdushika (Kshudraroga) mainly includes two types of chikitsa these are Shodhana chikitsa and Shamanachikitsa. As described by various Acharyas the shodhana chikitsa includes vamana, nasya and siravedha. The shamanchikitsa includes various types of Lepas. Many Lepas are described in Ayurveda for the treatment of Mukhdushika, such as Eladi Lepa, Jatiphaladi Lepa, Lodhradi Lepa ,Gorochanadi Lepa etc. from that we have choose Lodhradi Lepa for local application on Mukhdushika. Mukhdushika mainly have Rasa and Rakta Dushti. Acharya sushruta mentioned that kapha, marut (vata dosha) and shonit (rakta dhatu) dushti in Mukhdushika, and Pidika is Raktadhatudushtijanya vyadhi. Laghumanjishthadi Kwath contains drugs like Manjishtha, Daruharidra, Vacha which acts on Raktadhatu. Laghumanjishthadi Kwath mentioned in sharangdhar samhita⁴.

AIM AND OBJECTIVE

Aims: To study the efficacy of Laghumanjishthadi kwatha along with Lodhradi mukhlepa in the management of Mukhdushika.

Objectives: To observe the efficacy of Laghumanjishthadi kwatha along with lodhradi Mukhlepa in the management of Mukhdushika on the basis of information given. To study the Mukhadushika vyadhi in detail. To give comparatively efficient remedy in concern. To prevent complication of Mukhdushika.

MATERIAL AND METHODS

Drug Material:

Laghumanjishthadi kwath and Lodhradi lepa

Study design

For this study total 124 patients were randomly selected according to diagnostic and inclusive criteria. These total patients divided in two groups. Group A is called as trial group which comprised of 62 patients in which Laghumanjishthadi kwatha is given in the morning and in the evening on empty stomach in the dose of 40 ml and Lodhradi lepa is given for application once a day in morning upto drying for a period of 28 days. Group B is called as control group which compared of 62 patients in which Arogyavardhini vati is given in dose 2 vati morning and evening along with Lodhradi lepa application in morning upto drying for a period of 28 days. All the patients were examined according to Ayurvedic and Modern concepts. All the patients were examined carefully and included in study after evaluation of inclusion and Exclusion criteria. Systemic follow up is taken at regular interval. The data generated during all this process was collected and analysed and from these data observations and results were drawn.

RESULT & DISCUSSION

Age – In present study maximum patients were seen of age group 20-25 years age i.e.54(43.54 %) ,patients of age group 15-20 were 54(43.54%), patients of age group 25-30 years were 10 (8.06)% and patients of age group 10-15 were 6(4.82). In Charaka samhita (cha. Ni. 8/122) the age between 16-30 years is Vivardhamana dhatu gunavastha. Specially the starting period of functional state of Shukra dhatu (abhivyakti and vridhhi), according to modern view Acne vulgaris develops due to hormonal imbalance specifically of androgens as one the important causative factors which in turn stimulate the sebaceous gland to produce excess sebum. Though the sebaceous gland is a mini organ, it is anatomically and functionally related to their hair follicle⁵. Cutaneous disorders attributed to the sebaceous gland are really disorders of the entire pilosebaceous unit the area's most commonly involved in acne are the face, upper chest and back⁶. The final stage of conversion of androgens to steroids takes place in the sebaceous glands and by the age of 25 years the maturity level of the hormones is attained. So the natural remission observed after this age, may be because of this factor⁷. [Table 1]

Sex- As per text the disease have predominance in female population but in my study male predominance is seen i.e. male patients were 75(61%) and female patients were 49 (39%) [Table 2]

Occupation- As per study maximum no. of patients 74 (59.67%) were observed as students, because they belong to a particular age group when hormonal changes takes place. Business person 12(9.6%), housewives pts were 20(16.12%) and job holders pt were 18(14.51%) [Table 3]

Habitat-In my study maximum number of patients i. e. 72(58.06 %) are from urban area and 52(41.9 %) are from rural area. This is because the research work center is in the urban area and people from urban area are more conscious about beauty than rural area⁸. [Table 4]

Economic status – In this study while searching relation between social status and disease, data shows that economic status does not have direct relation with the occurrence of Mukhdushika. Maximum patients i.e.102 (82 %) were from middle class followed by12 (9.67 %) patients were from upper class and10 (8.06 %) were from lower class. [Table 5]

Agni- The data shows dominance of Vishmagni i.e. 46(37.09 %) followed by Mandagni 39 (31.45 %), samagni 20 (16.1 %) and Tikshnagni 19 (15.32 %). [Table 6]

Diet- In this study maximum i.e. 85 (68.54 %) patients were reported to have mixed diet and 39 (31.45 %) patients were used to take vegetarian diet. No significant finding may be related with these diet figures. [Table 7]

Marital status - Majority of patients were unmarried that is 82 (66.12 %) and 42 (33.87%) were married. The standard age of marriage in the constitution of india is minimum 18 years for female and now a days late marriage is the trend of society, since majority of the patients were reported from age group 20-25 and were students, the question of being married is not arises⁹. [Table 8]

Effect of Laghumanjishthadi kwath on Mukhdushika

To see the effect of Laghumanjishthadi kwath on Mukhdushika the demographic details were analysed from all the 62 patients. According to the criteria of diagnosis the entire patients were examined strictly and were included in the study randomly. Before starting the treatment patient were observed

for each parameter i.e. Ruja (pain), Daah (burning sensation), Kandu(itching), number of pidika on face and area of pidika on face¹⁰. The status of these parameters was recorded at the start of treatment. Laghumanjishthadi kwath was given for a period of 28 days and follow up study was recorded on 7th, 14th and 28 th days.

Probable mode of action of Kwatha-

Kwatha is given internally, it get absorbed from Gastrointestinal tract and have systemic effect on Doshavaishmya of body.

Probable mode of action of Laghumanjishthadi Kwath. The Laghumanjishthadi Kwath comprises of Manjishtha, Triphala, Nimb, Daruharidra, Vacha, Guduchi, Kutki. According to Samprapti given by Sushruta Mukhdushika occurs due to vitiation of Kapha, Vata and Rakta Doshas. The kwath containing above drugs possesses the Kapha Vatahara and pitta rechan effect.

Specific mode of action of Laghumanjishthadi Kwath on Mukhdushika

Manjishtha, Kutki, Daruharidra have Kapha Pittaghna effect (i.e. they reduce Kandu due to Kapha and reduces Daah due to pitta). Guduchi is having Tridosahara action. Manjishtha and Nimb having Rakta Shodhana action. Nimb also having Kandughna property (Reduces itching). Triphala have Tridosahara property. Shita viryatwa of Nimb, and kutki stabilizes pitta dosha. Kutaki have pitta sarak property with Anulomak action by which Shodhana takes place. Kutki and Daruharidra having Daahprashaman property (i.e. reduces burning sensation.)¹¹

Effect of Lodhradi lepa

Lepa literally means application of paste over a particular part of the body, this paste is absorbed through Romkupa(Hair root) Swedavaha strotas (sweat pores) and Siramukha resulting in a particular actions.

According to Ayurvedic samhitas, In skin type of pitta situated is Bhrajaka pitta, it absorbs dravyas applied externally over skin either in the form of message, bath, dipping, Lepa etc. skin consist of innumerable pores like mesh. These openings are attached to the Roma koopa(hair follicle) these hair follicles carries the sweat and Rasa dhatus inside and outside. It gives nourishment to them. Abhyanga, parisheka, Lepa which contains active principle of medicaments are get absorbed through skin by Bhrajaka pitta.

Probable mode of action of Lodhradi Lepa

Lodhradi lepa comprises of Lodhra, Dhanyaka and Vacha. Mukhdushika occurs mainly due to vitiation of Kapha, Vata and Rakta Doshas. It is understood that the drugs should possess Kapha –vatahara and pitta shamaka effect.

Specific mode of action of Lodhradi lepa

Lodhra is having shita virya, due to its shitaviryatwa it acts as a pittashamak. Lodhra also possess kaphapittaghna, shothaghna, kushthaghna, Raktastambhak and vranaropaka properties¹².

Dhanyaka and vacha are having ushna virya property to counteract the aggravation of Vata and Kapha. Dhanyaka also have Tridosha shamak, Shothahara (reduce swelling) and Shulaghna(reduces pain)properties. Vacha shows Kaphavatashamak , Lekhana(curetive and absorptive action) and vedana sthapan(reduces pain) Vacha also having swedajanana(promote sweating) and shothahara

property. Strotoshodhana (channel cleaning action) is done by Vacha by its Lekhana property. Lodhra being varnya promotes rejuvenation of skin.

Statistical analysis of the parameters of Mukhdushika was done. Significance of difference of the parameters before and after treatment was assessed by applying Wilcoxon signed Rank test to test the efficacy in trial group and control group. For comparison between trial group and control group we have used Mann Whitney U test. In case of all parameters the statistical evaluation revealed that there was significant reduction in signs and symptoms, hence both the treatments are significantly effective in case of Mukhdushika¹³.

To analyze the result in both groups for subjective parameter Daah (burning sensation) Wilcoxon signed Rank test is applied in both groups results observed were statistically significant. When we compared efficacy of trial group A with control group B therapy, it is observed that in case of Burning sensation statistically significant results were observed. Hence the treatment of control group B was more effective than that of trial group for burning sensation. The significant change in burning sensation may be due to the Daah prashaman action of Kutki in Arogyavardhini vati and lodhra which subside the aggravation of Rakta and pitta. To analyze the result in both groups for subjective parameter i.e. ruja Wilcoxon signed rank test was applied, results observed were statistically significant. So to compare the efficacy of trial group therapy with control group Manwhitney test was applied. We observed that in case of Ruja statistically significant results were obtained. Hence the trial group showed more effective result than that of control group for Ruja. All the drugs in lodhradi lepa are Vedanasthapak and drugs like in Laghumanjishthadi kwath proved beneficial in swelling and pain. For analyzing result in both groups for subjective parameter i.e. Kandu (itching) Wilcoxon signed Rank test was applied in both groups, results observed were statistically significant. So, to compare the efficacy of trial group therapy with control group therapy Manwhitney 'U' test was applied. It showed that in case of Kandu statistically significant results were observed. Hence the treatment of trial group was more effective than that of control group for Kandu. To analyze the result in both groups for objective parameter i.e. no. of Pidika Wilcoxon signed Rank test is applied. results obtained were statistically significant. For the comparison of result of treatment of both groups Manwhitney 'U' test is applied at 5% significance level. In Trial Group and control group all inclusive clinical features Ruja, Dah, Kandu, No. of Pidika were significantly reduced. Trial group and control group shown almost equal result in the management of mukhdushika¹⁴.

CONCLUSION

Mainly patients of age group 20-25(43.54%) and age group 15-20(43.54%) are affected. students are affected i.e.74 (59.67%). Patients from urban area were mostly affected 58.06%. Present study shows dominance of vishmagni 37.09%. Mukhdushika is more common in mixed diet people.68.54%. Dominance of male patients 61%. Burning sensation (Daah), pain (Ruja), itching (Kandu) and number of pidika on face of both trial group and control group shows significant results. In Trial group overall assessment of therapy shows mild improvement in 7 pt (11.3%), moderate improvement in 18 pt (29.00%), marked improvement in 37 pt (59.7%) patients. Therapy shown mild improvemrnt in 8 (12.9%), moderate improvement in 19 (30.6%) and marked improvement in 35 (56.5%). Trial group and Control Group both shown significant result in relief of Dah, Kandu Ruja and No. of Pidika. Control Group and Trial group shown almost equal result in the management of Mukhdushika.

Fig 1: Age distribution

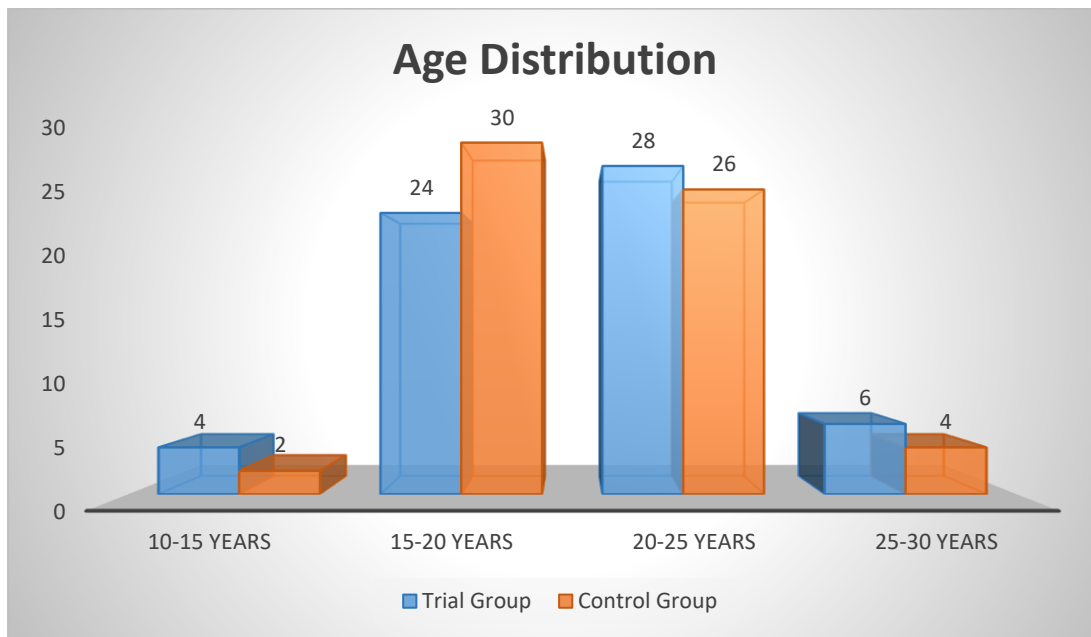


Fig 2: Gender

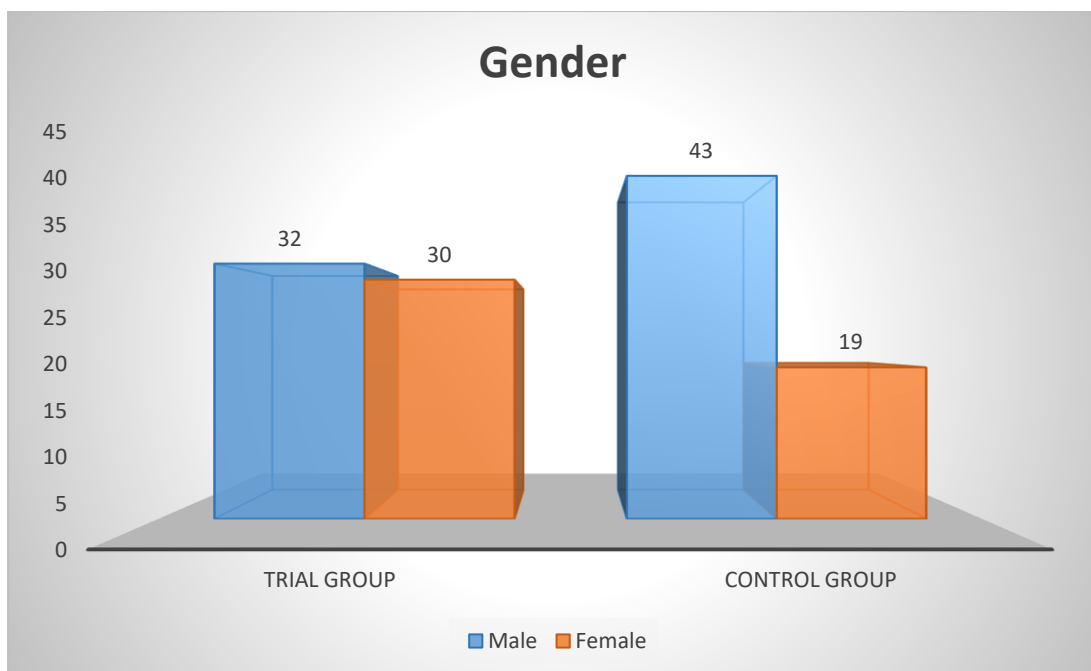


Fig 3: Occupation

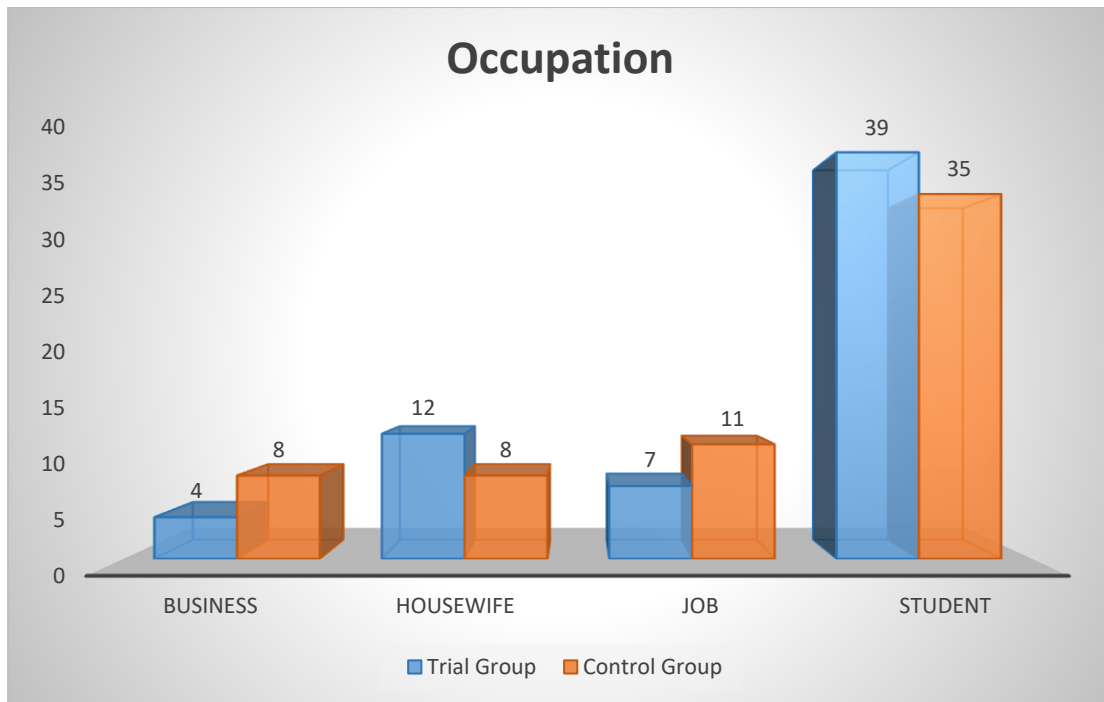


Fig 4: Habit

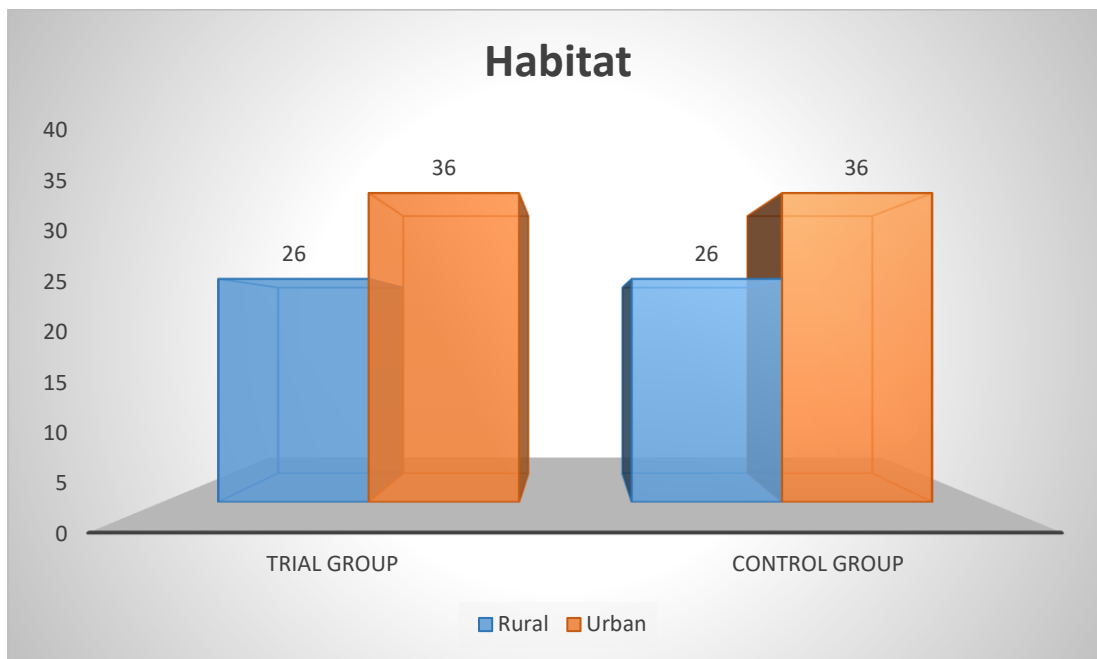


Fig 5: Economic Status

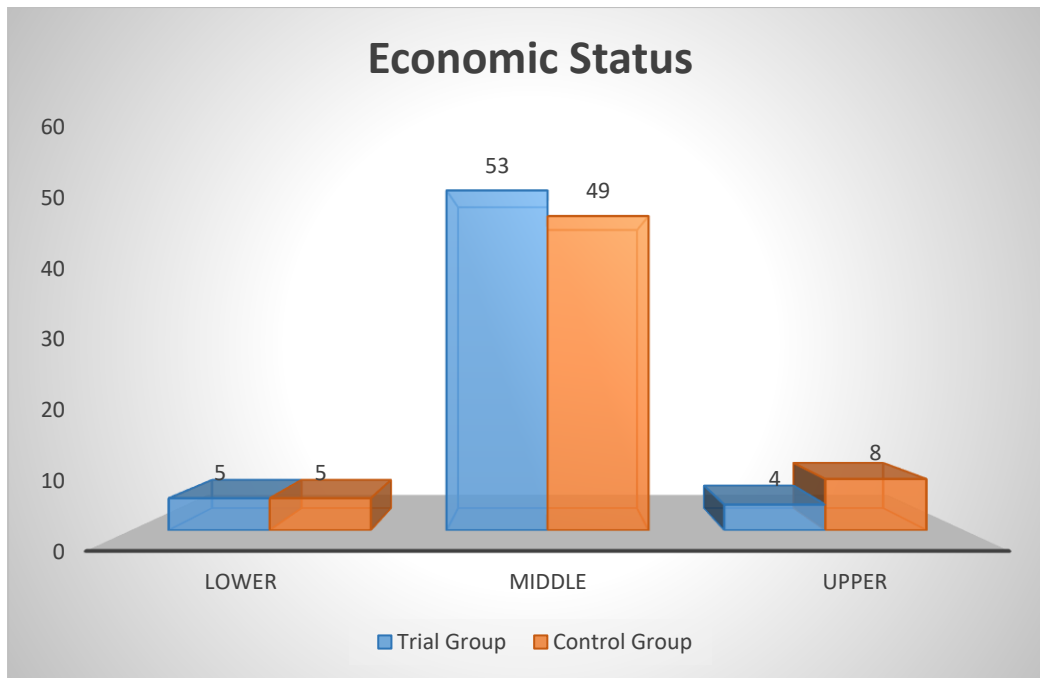


Fig 6: Diet

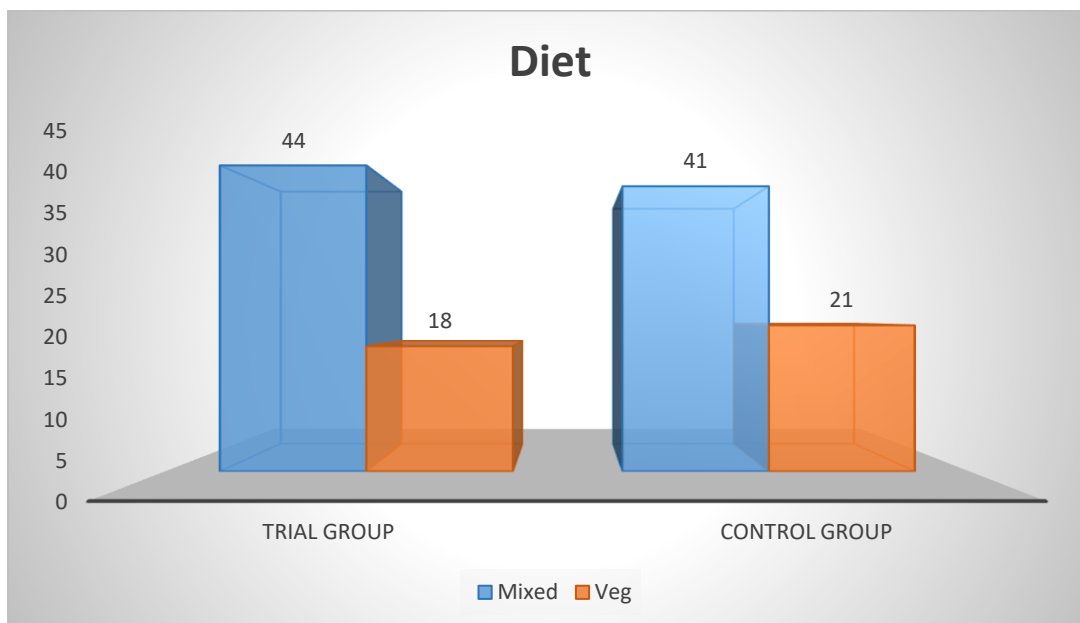


Fig 7: Agni

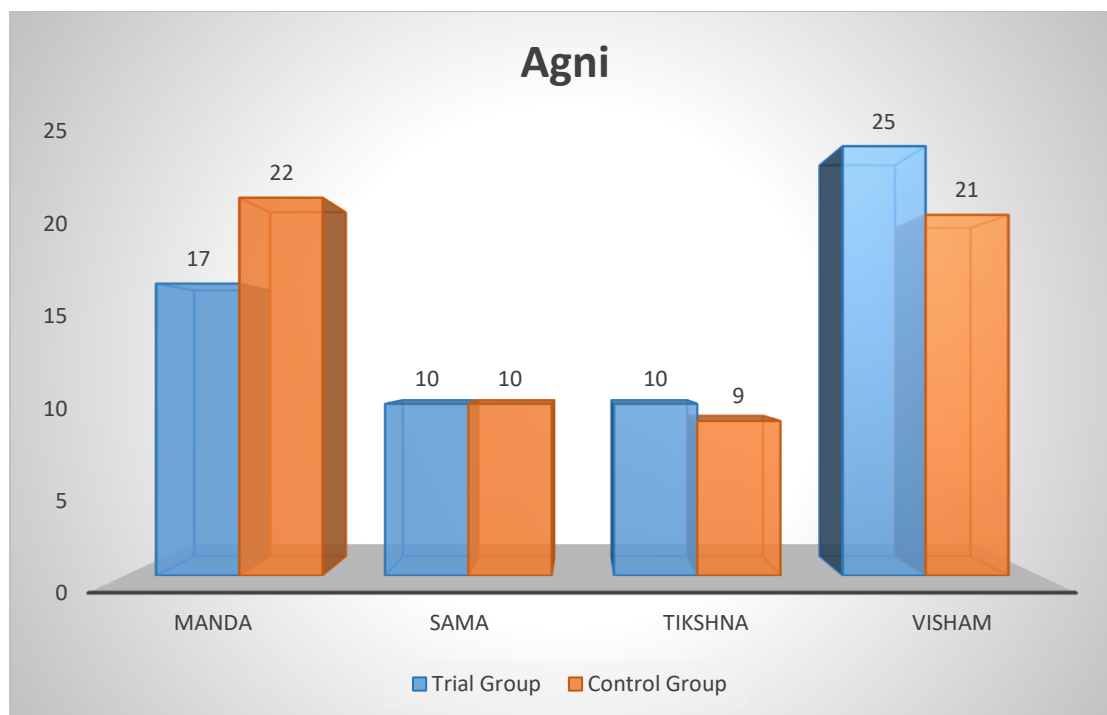
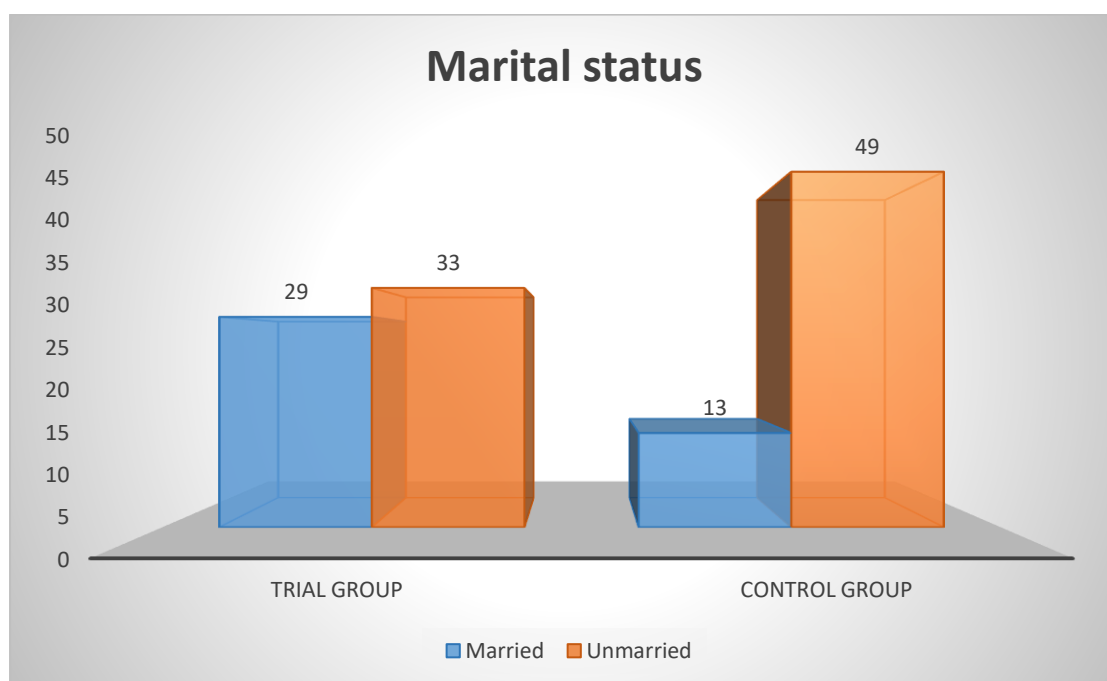


Fig 8: Marital Status



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