

Efficacy of Arangwadhpatra on Dadru W.S.R. to Tinea**Dr. Abhijeet Manmath Morale**Assistant professor ,kayachikitsa department ,
Yashwant ayurved college Kodoli,Kolhapur.**Abstract:**

Skin and hair is very important things in humen. Nowdays in urben as well as in village area people very tremendously conscious about their hair and skin. There is different branch of skin in allopathy and have diploma and PG in skin. Ayurveda there is tremoundous scope in skin but still this branch is not developed properly. Ayurveda have different types of kashtaushadhee and rasaushadhee having best result in skin disorders. There are too many side effect andand costly drugs in modern medicine. Use of corticosteroid is also increases in skin diseases. In this research article I try to find out an easy remedy like arangwadhpatra on ringworm. Arangwadh is a very big tree find all over across india. It decreases burning sensation ,swelling and itching of ringworm. It also purify blood by purgative action

Key word- Arangwadh ,Tinea,Dadrukusht

Introduction:-

In Ayurveda charak explain seven mahakushta and 10 shudrakusht .In Mahakushta the severity of disease is more so they termed as mahakusht whereas in shudrakusht severity of disease is less so they termed as shudrakusht. Dadru is one of the shudrakusht which is correlate with ringworm. In Ayurvedic it has an increase kaph and pitta dosh .Due to kaph pita doshadhikya it shows itching(kandu),burning sensation(Daah),ring like structure(Mandal),redishness(Aarktvartana)..Local application of medicine work fast to physiological effect of heat and skin. Lep is very easy to apply and remove. This current study done by using Arangwadh leaf (Patra) which is very easily available and cost effective.

As I am practicing in village areas people suffering from ringworm very often. In village areas due to poor economical condition very poor hygiene is present. They share their towel, soap, blanket with each other. Due to contagious nature of disease its spread to all family members .This fungal infection remains on their cloth and other utensil. It is mostly present on body area having where sweating present regularly like underarms ,neck, inguinal regions, thighs. In early phase it present on small area .If patient failed to take treatment it goes on increases and spread to all over body and then very difficult to treat. Patients generally goes to family physician

when they suffered badly from itching and burning sensation. Family physician prescribed oral antifungal tablets and local creams. After symptomatic relief patient discontinued treatment. After few days again symptoms increases and history repeat .Due to repeated use of antifungal drug they become resistance and patient become remains symptomatic due to incomplete recovery from disease .Most of patient very tired to costly treatment and discontinued it.

Material and Method:

20 patients within age group 18 to 60 years diagnosed as suffering from Dadru were selected from OPD and IPD of Yashwantayurvedcollege Hospital ,Kodoli ,Kolhapur. Study Design- Randomized ,single blind clinical study

Criteria of assessment:

Inclusive criteria-

1. Patient with classical signs and symptoms of Dadru
2. Patient of either sex
3. Patient of age group between 18 to 60 years

Exclusive criteria-

1. Patient with other systematic disorders like diabetes mellitus, Obesity etc.

Material- Arangwadhpatra churn was collected from local market .It is standardized and authenticated from standard lab.

Method- Arangwadhpatra churn mix with Kanjee and apply over affected area

Time- Morning and evening

Treatment duration-30 days

Follow up- 15th and 30th day

Criteria of assessment –

1. Kandu	
No	0
Mild	1
Moderate	2
Severe	3
2. Ranga	
Normal skin colour	0
Faint and near to normal	1
Blanching and red colour	2
Red colour	3
3. Number of Mandals	
No mandals	0
1 to 3 Mandals	1
4 to 6 mandalas	2
More than 7 mandalas	3
4. Size of Mandalas	
Zero cm	0
Less than 5 cm	1
5 to 10 cm	2
More than 10 cm	3

Observation and Result:

Maximum number of patient (60%) from age group 30 to 50 years .40 % patient are male and 60% are female.80% are from lower middle class and 15% are from higher middle class and 5% are from higher class.65% are Non vegetarian and 35 % are vegetarians. 40 % patient having Kaphpittajprakruti and 30 % patient having vatakaphajprakruti and 30 %patient have Vaatpittajprakruti.

Arangwadhptra churn shows statistically significant result on Kandu,Colour of mandalas, Mild change was observed on number of mandalas and size of mandalas.

Discussion:

Dermatophytes are fungi that invades and multiply within keratinized tissue like skin,hair and nails causing infection. Dermatophytes are classified into three groups i.e. Trichophyton , Epidermophyton, Microsporum.They also classified as tineacaptis (head), tineafaciei(face). Tineabarbae (beard),tineacorporis(body),tineamanus(hand)tineacruris(groin),tineapedis(foot)and tineanguium(nail). There is increasing prevalence of cutaneous

dermatophytosis across the world and especially in tropical and subtropical countries like india.there environmental temperature and relative humidity are high.Inmetropolitian cities the factors like use of occlusive footwear,tight fashioned cloths are the causes.All people are not equally susceptible to infection as even they have similar risk factor .famalial or genetic predisposition may affect adaptive and innate immunity.The pathogenesis of dermatophytes infection has correlation between host, agent and environment. People suffered from diabetes mellitus,lymphomas, immunocompromised status,older age produce severe wide spread of dermatophytes.

With ayurvedic approach with help of dosh dhatu mala we can treat tinea infection very easily and cost effectively .Arangwadhptra shows significant result on tinea infection.

Conclusion:

Arangwadhptra shows significant result to reduce Kandu,colour of mandala. The efficacy of treatment is highly significant,along with treatment we should educate people about personal hygiene , nature of tineainfection.Concelling of patient as well as their family members also important and if needed treat them also.As in tinea is relapsing in nature treatment should take for long time .There is also scope of study as use Arangwadh externally and internally simultaneously .

References:

- 1.Vd.Yadavji Trikamji Acharya,Agnivesha,Charak Samhita.Varanasi:Chowkhambha Prakashan,2011.Chapter26,Sutrasthana,Shloka-82,p-149
- 2.Acharya Agnivesha,Charaka Samhita edited byAcharya vidyadhar shukla Chaukhambha Sanskrit Pratishtan,Delhi reprint 2009,Kushthachikitsa 15/235 page no.338
- 3.Shusruta Samhita edited by dr Anantram sharam,Chaukhamba surbharti prakashan Varansi print 2013,Uttartantra1/25 page no.10
- 4.Colour atlas of Dermatology By L.K. Bhutani Dept. of Dermatology and Venerology. All India institute of Medical Sciences New Dlehi.
- 5.Dravyaguna Vijnana,Vol@,By Prof.P.V. Shrama.Chaukhambha surbharati Prkashan Varanasi print 2006,page no.170-171
- 6.Dravyagun Vigyan,Vol 2,By Prof.Deshapande,Anmol Publikation,page no.445
- 7.Skin diseases and sexually transmitted diseases,By Dr Uday Khopkar,Bhalani Publications,Page no 57-74