

EFFICACY OF RASMANIKYA ALONG WITH GUDUCHYADI CHURNA IN MANAGEMENT OF PSORIASIS

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ABSTRACT

Psoriasis affects 1% to 3% of the world's population. Most patients have limited psoriasis involving <5% of their body surface. There is a strong association between psoriasis and HLA B13, B17, and B27, which shows genetic connection of psoriasis. Peak age of onset is bimodal (adolescents and at 60 yr of age). Men and women are equally affected. The main objective of the study was to assess the role of Rasmanikya along with Guduchyadi churna in Psoriasis. Study was conducted at Dr. D. Y. Patil College of Ayurved & Research Institute, Nerul, Navi-Mumbai. Total 10 patients were enrolled in this trial. Both male and female patients between the age group of 18 and 60 years were selected for this study. *Rasamanikya 50mg + Guduchyadi churna 3gms* was given twice daily before food with warm water.

The effect of therapy was assessed based on improvement obtained in signs and symptoms of the patients. The patients showed up to 60 percent improvement gradually after 2months of treatment.

Key words:Psoriasis, *Rasamanikya*,Guduchyadi Churna.

INTRODUCTION:

Psoriasis(Kitibha Kushta)⁽⁴⁾⁽⁶⁾⁽⁷⁾⁽⁸⁾ is a chronic skin disorder characterized by excessive proliferation of keratinocytes, resulting in the formation of thickened scaly plaques, itching, and inflammatory changes of the epidermis and dermis. The primary psoriatic lesion is an erythematous papule topped by a loosely adherent scale. Scraping the scale results in several bleeding points (Auspitz sign). Chronic plaque psoriasis generally manifests with symmetric, sharply demarcated, erythematous, silver-scaled patches affecting primarily the intergluteal folds, elbows, scalp, fingernails, toenails, and knees. This form accounts for 80% of psoriasis cases. Psoriasis can also develop at the site of any physical trauma (sunburn, scratching). This is known as Koebner's phenomenon. Nail involvement is common



(pitting of the nail plate), resulting in hyperkeratosis, onychodystrophy with onycholysis. Pruritus is variable. Soreness and bleeding may occur. Joint involvement can result in sacroiliitis and spondylitis. Guttate psoriasis is generally preceded by streptococcal pharyngitis and manifests with multiple droplike lesions on the extremities and the trunk.

AIMS:

To assess efficacy of Rasmanikya along with Guduchyadi Churna in Management of Psoriasis

STUDY DESIGN:

Total 10 patients were enrolled in this Trial. *Rasamanikya 50mg + Guduchyadi churna 3gms* was given twice daily before food with warm water for 2 months. Clinical and Statistical assessment of enrolled patients was done monthly for two months.

INCLUSION CRITERIA:

1. Patients who had any two or more following classical symptoms of Psoriasis were selected for study
 - erythematous papule topped by a loosely adherent scale (Primary stage)
 - symmetric, sharply demarcated, erythromatous, silver-scaled patches (chronic stage)
 - Positive Auspitz sign
 - Presence of Koebner's phenomenon
 - hyperkeratosis, onychodystrophy with onycholysis of nails .Pitting of nails
 - Pruritus and Soreness
 - Cases of Guttate psoriasis (multiple discoid lesions on the extremities and the trunk.)

Are included for this study

2. Both male and female patients between the age group of 18 and 60 years were selected for this study.
3. Patients with Chronicity up to 7 years were selected for this study.

EXCLUSION CRITERIA:

The following patients were excluded from the study:

1. Patients with uncontrolled Diabetes mellitus.
2. Patients of Psoriasis with extracutaneous manifestation like Joint involvement , sacroiliitis and spondylitis were in exclusion criteria.
3. Patients who were known cases of gastric ulcer or peptic ulcer
4. Patients with uncontrolled Hypertension.

ASSESSMENT CRITERIA:

In this Trial enrolled patients were assessed on the basis of pre and post observations.

Subjective parameters:

I) Number of Psoriatic patches

Grades

Grade 0-no patches

Grade I -1 to 3 patches and patches only on single part of body

Grade II-4-to 8 patches and patches on 2to 3 sites of body

Grade III-patches are more than 8 in number and patches present on many parts of body.

II) To calculate total percentage of body area covered with psoriatic patches following criteria was used

Involvement of front chest and abdomen-18%

Involvement of upper and lower back-18%

Each leg 18% so both legs 36 %

Each arm 9% so both arms 18 %

Scalp and face 9%

Perineum 1 %

III) Discoloration of skin patches

Normal skin colour -0

Patches -Reddish in colour -1

Patches -Whitish colour -2

Patches-Silver colour mica like scales -3

IV) Dryness

No line on scrubbing with nail-grade 0

Light line on scrubbing by nail-grade 1

Linings and even words can be written on scrubbing by nail-grade 2

Excessive dryness leading to itching-grade 3

Excessive dryness leading to crack formulation and bleeding-grade 4

V) Pruritus grades

No itching -grade 0

Mild itching-Itching present but not disturbing routine work-grade 1

Moderate itching-Itching distracting patients attention from routine work-grade 2

Intolerable itching distracting patients sleep -grade 3

Objective Parameters:

Objective parameters were based on following signs

I) Auspitz sign

Scraping the scale results in several bleeding points

0- No bleeding point after scarping of skin patches

1-single bleeding point after scarping of skin patch

2-2 to 5 bleeding points after scarping of skin patches

3-more than 5 bleeding points after scarping of skin patches

II) Kobner phenomenon

Development of psoriasis at the site of any physical trauma (like sunburn, scratching)

0-Kobner phenomenon not present

1- Kobner phenomenon present at single site

2-Kobner phenomenon present at more than one site

3-Kobnar phenomenon present at more than 2 body parts

MATERIALS AND METHODS:

Guduchyadi Churna is based on Guduchyadi Kwath⁽¹⁾ described in

Yogaratnakar Uttarardha Kushta rogadhikara it Contains Guduchi⁽⁵⁾,Amalaki⁽⁵⁾,Haritaki⁽⁵⁾,Bibhitaki⁵,Daruha ridra⁽⁵⁾all in equal parts Original description is in Kwath form but here used it in Churna form as taking Churna is more convenient for the patient in this modern era.Rasamanikya⁽²⁾⁽³⁾is made by Haratal yellow Arsenic AS2S2 powder kept in between two sheets of Mica and joints are pasted by Urad floar then after heating red shiny Rsamanikya is

obtained.Rasamanikya of known pharmacy was collected from market.

Doses used were as follows:

Rasamanikya 50mg+ Guduchyadi churna 3gms twice daily with warm water.

METHODS:

Total 10 Patients of psoriasis were selected from OPD and IPD of, Dr.D.Y.Patil College of Ayurveda & Research Institute, Nerul,Navi-Patients who were fulfilling the criteria of diagnosis as per the Performa had been selected for the study. Clinical examination of patients were done at OPD and IPD of,Dr.D.Y.Patil College of Ayurveda & Research Institute, Nerul,Navi Mumbai and patient's data was collected by CRF.The data obtained by the clinical trial was statistically analyzed.

SAMPLE SIZE:10 patients diagnosed as Psoriasis were selected for this pilot study.

Anupana:Warm water (*Ushna jala*)

Kala:Before food

Duration:60 days

FOLLOW UP:after 1 months X 2 follow up

Data Recording:

With the interval of 30 days data was regularly recorded at Dr.D.Y.Patil College of Ayurved and Research Institute.

STATISTICAL ANALYSIS:

Efficacy of Rasmanikya along with Guduchyadi churna in management of Psoriasis is tested by taking different parameters into consideration. As gradations were given for these parameters we have used the Wilcoxon Matched pairs test and the results were as follows:

Parameter	Sum of all the ranks W	Sum of the positive ranks (T+)	Sum of the negative ranks (T-)	No. of Pairs	P-value	Significance
Number of Psoriatic patches	6	6	0	3	0.25	Not Significant
Percentage of body area covered with psoriatic patches	55	55	0	10	0.002	Very Significant
Discoloration of skin	36	36	0	8	0.0078	Very Significant
Dryness	45	45	0	9	0.0039	Very Significant
Pruritus grades	28	28	0	7	0.0156	Significant
Auspitz sign	6	6	0	3	0.25	Not Significant
Kobnar phenomenon	10	10	0	4	0.125	Not Significant

H01:No significant difference due to Rasmanikya along with Guduchyadi churna in management of Psoriasis for number of patches.

H11:Significant difference due to Rasmanikya along with Guduchyadi churna in management of Psoriasis for number of patches.

Decision Criterion :Reject Ho if p-value is less than 0.05

As p-value is 0.25, the difference is not significant.

H02:No significant difference due to Rasmanikya along with Guduchyadi churna in management of Psoriasis for Percentage of body area covered with psoriatic patches

H12:Significant difference due to Rasmanikya along with Guduchyadi churna in management of Psoriasis for Percentage of body area covered with psoriatic patches

Decision Criterion: Reject Ho if p-value is less than 0.05

As p-value is 0.002, the difference is significant i.e. the treatment is effective

H03:No significant difference due to Rasmanikya along with Guduchyadi churna in management of discoloration of skin.

H13:Significant difference due to Rasmanikya along with Guduchyadi churna in management of discoloration of skin.

Decision Criterion : Reject Ho if p-value is less than 0.05

As p-value is 0.0078, the difference is significant i.e. the treatment is effective.

H04:No significant difference due to Rasmanikya along with Guduchyadi churna in management of Psoriasis for dryness.

H14:Significant difference due to Rasmanikya along with Guduchyadi

churna in management of Psoriasis for dryness.

Decision Criterion: Reject H_0 if p-value is less than 0.05

As p-value is 0.0039, the difference is significant i.e. the treatment is effective.

H₀5: No significant difference due to Rasmanikya along with Guduchyadi churna in management of Psoriasis for Pruritus grades.

H₁₅: Significant difference due to Rasmanikya along with Guduchyadi churna in management of Psoriasis for Pruritus grades.

Decision Criterion: Reject H_0 if p-value is less than 0.05

As p-value is 0.0156, the difference is significant i.e. the treatment is effective

H₀6: No significant difference due to Rasmanikya along with Guduchyadi churna in management of Psoriasis for Auspitz sign

H₁₆: Significant difference due to Rasmanikya along with Guduchyadi

churna in management of Psoriasis for Auspitz sign

Decision Criterion: Reject H_0 if p-value is less than 0.05

As p-value is 0.25, the difference is not significant.

H₀7: No significant difference due to Rasmanikya along with Guduchyadi churna in management of Psoriasis for Kobnar phenomenon.

H₁₇: Significant difference due to Rasmanikya along with Guduchyadi churna in management of Psoriasis for Kobnar phenomenon.

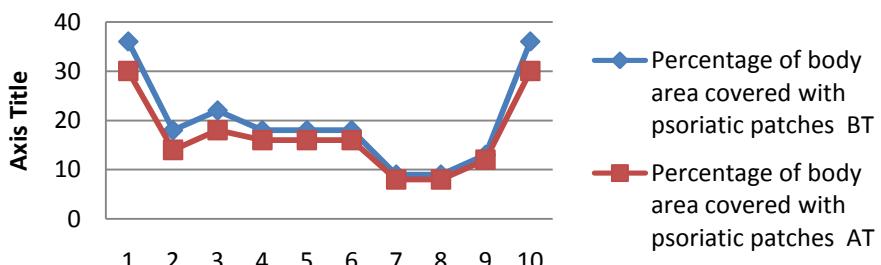
Decision Criterion: Reject H_0 if p-value is less than 0.05

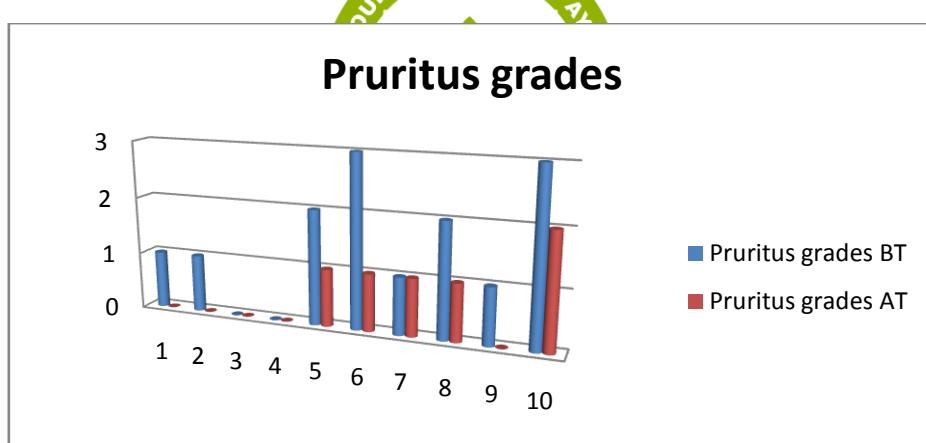
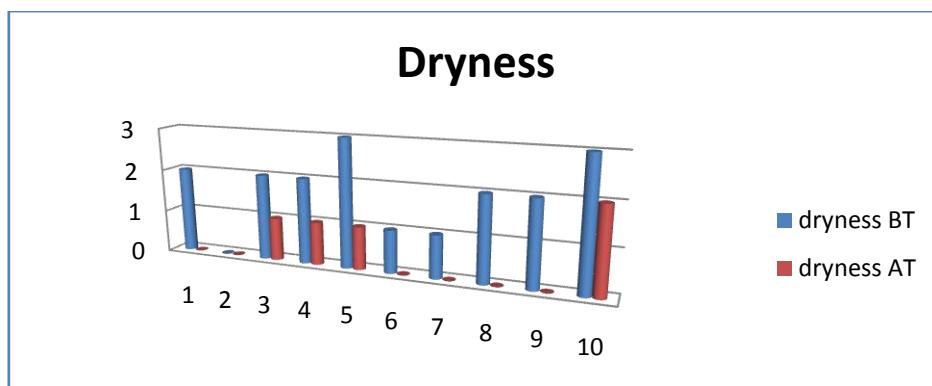
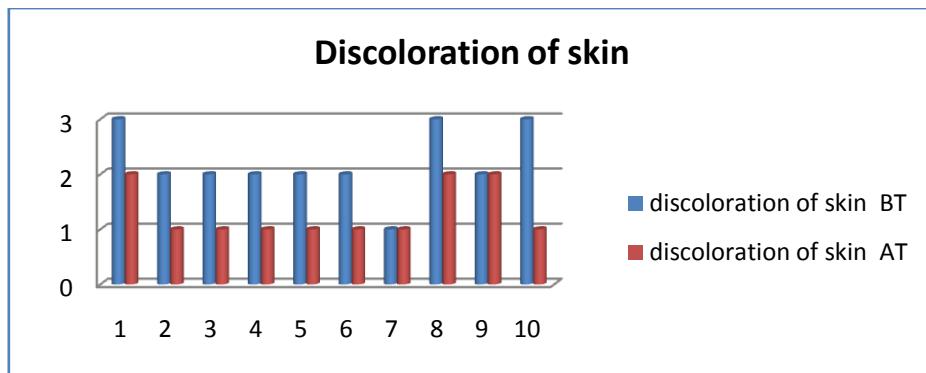
As p-value is 0.125, the difference is not significant.

So in short in psoriasis Rasamanikya with Guduchyadi Churna is Significantly effective in reducing percentage of body area covered with psoriatic patches, Discoloration of skin, Dryness and Pruritus.



Percentage of body area covered with psoriatic patches





CONCLUSION: In Psoriasis Rasamanikya with Guduchyadi Churna is Significantly effective in reducing Percentage of body area covered with psoriatic patches at level of significance p-value is 0.002 that is ($p < 0.05$).

It is Significantly effective in reducing Discoloration of skin at level of significance p-value is 0.0078 that is ($p < 0.05$).

Rasamanikya with Guduchyadi Churna is Significantly effective in reducing discoloration of skin at level of

significance p-value is 0.0078 that is ($p < 0.05$).

In Psoriasis Rasamanikya with Guduchyadi Churna is Significantly effective in reducing dryness of skin at level of significance p-value is 0.0078 that is ($p < 0.05$).

Rasamanikya with Guduchyadi Churna is Significantly effective in reducing pruritis of skin at level of significance p-value is 0.0156 that is ($p < 0.05$).

So there was overall 60 % relief in reducing symptoms associated with

Psoriasis with combination of Rasamanikya along with Guduchyadi Churna.

Rasamanikya with Guduchyadi Churna didn't develop any major side effects in patients after 2 months therapy. Only 2 months therapy is not much effective in reducing Number of Psoriatic patches, Auspitz sign and Kobner phenomenon, so we need to extend period of treatment for few months to get more relief which is further scope of Research.

REFERENCES:

- 1) Yogaratnakara Uttarardha with Vidyotini commentary by Vaidya Laksmipati Sastri,published by Chaukhamba publication,2012 edition,Chapter Kushtachikitsa- page 219.
- 2) Rasatarangini by Shree Sadananda Sharma,published by Motilal Banarasidas,Reprint 2004,Chapter-11,page no 257,258
- 3) Rasa Darpan part I by auther Bhajanadas Swami Dadupantha,published by Nath Pustak Bhandar,Chapter-5,page no.219
- 4) Charak Samhita with Ayurveda Dipika commentary of Chakrapanidatta by Pt.Kashinath Sastri,foreword by Vaidya

Yadavji Trikamji Acharya,published by Chaukhamba Sanskrita Sansthan Varanasi,2012 edition,part II,Chapter no.VII,Sloka 9-10 and 28-30,page no 201 and page 204.

- 5) Dravyaguna Vijnana vol.II by Prof.P.V.Sharma,published by Chaukhamba Bharati Academy,Reprint 2006 pages-Chap-4page no.239,Chap-6 page 537,Chap-9 pages753,758 and 761
- 6) API Textbook of medicine,7th edition ,Sec-XXIII-Chapter -12 page no.1326.
- 7) Fitzpatrick's Dermatology in General Medicine ,published by Mc Graw Hill's Medical,7th edition,Chap-18,page no.169.
- 8) Davidson's Principles and Practice of Medicine ,20th edition,Chap-27,pages 1287 to 1293.

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