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COMPARATIVE CLINICAL EVALUATION OF RASASINDHOOR AND SUVARNAKSHIRI ROOT IN THE MANAGEMENT OF KITIBHKUSHTA VIS-À-VIS PSORIASIS

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ABSTRACT

Ayurvedic science is being lucratively dealing with skin disorder comprehensively since ancient era to present scenario. People often faces foremost problem of skin diseases in day today's life. The main causative factors behind skin diseases are various pollens, irritants allergens, fast foods, irregular meal etc. These causes related modified lifestyle of human being further vitiated by *Tridosha* to form various skin disorders like SLE, Eczema, Lichen planus are seen wider scale today. The vitality of skin again play a crucial role in the pathogenesis of diverse skin diseases. They instigate with small eruption over surface & very soon spread over body involving deeper tissue. Treating such disease is exigent. Skin diseases are varied and complicated. The management of skin diseases with herbomineral drugs is very effective. Along with this, some mineral drugs has augmenting action with some herbal drugs. In present study the *Swarnakshiri* has been compared to rule out clinical efficacy *Rasasindhoor* as augmenting agent as well as therapeutic component in management of *Kitibhkushta*.

Keywords: Kitibhkushta, Suvarnakshiri Root, Rasasindhoor.

INTRODUCTION

Ayurveda is an ancient Indian Science. The theme of Ayurveda is to maintain the proper health and to cure the disease of human being. The entire science of Ayurveda has been framed upon "Trisutra's" (Hetu, Linga and Aushadha). Aushadha is the most important as it is helpful for the alleviation of disease as well as for the maintenance and promotion of good health.

From the historical point of view, upto the 7th century, it may be said that herbal preparation were used for curative purposes (i.e. upto the period of Asthanga Hridaya). After this period the uses of minerals and metals started for therapeutic purpose. As these metal and mineral could not be used orally in the crude form, they found it necessary to have specialized technical knowledge for converting minerals and metals into biologically effective form. Hence the concept of separate branch of learning known as Rasashastra including the concept of Rasashala and Rasavaidya emerged in the field of Ayurveda. The word Rasa denotes numerous things including the mercury, which has been extensively used in the preparation of potent Kupipakva Rasayana and Rasapottali.

Ras-shastra is the branch of Ayurveda, which deals with pharmaceutical and therapeutic scope of the medical product of mercury minerals and metals, which are

characterized by the smaller doses instant effect and long durability.

Thus Ras-shastriya preparation plays an important and vital role in curing the allying human being. So in the globalization of Ayurveda world is looking at herbomineral formulation for its magical results. Metallic preparation is used irrespective of Dosha, producing the disease, the person and deshas. This gave a very rude shock to the physician belonging to schools of Atreya.

Charak and Sushruta samhita also indicate the use of some primary metals like gold, silver, copper and iron and their alloys including bronze and brass.

The entry of trace element in the armamentarium of therapy against many diseases is as old as human civilization itself. Since time immemorial man sought the help of their element in the form of minerals and metals for the alleviation of his ailment as well as to maintain positive health along with medicinal herbs and animal products.

To quote few examples are the role of gold as immune promoter agent, Iron in iron deficient anemia etc. Rasavaidyas had sound knowledge regarding the pharmaceutical processing of plant and animal products. They were a step ahead in the aspects of minerals and metallic products at the time of Samhita i.e. between 600 BC to 100 AD. As the knowledge of chemistry and chemical procedures advanced he was able to shape and equip himself with appropriate technique that enabled him to give birth to a branch of

pharmaceutics called Rasa-shastra. Rasa-shastra has been specially contributed to prepare medicines by using different pharmaceutical process. The word Rasa denotes numerous things including mercury which has extensively used in the Rasa-preparations.(1)

The drugs are required in lesser doses are tasteless hence can be easily administered and it gives good health in short duration.

For time to time number of Researches have been done in this field as to assess the therapeutic properties of the drugs given in our texts. It has become mandatory now as the science is evolving around the world. Now days due to modern lifestyle people are facing many health problems. The aetiology of few is unknown. Due to low immunity, problem becomes worse. Here comes our role to identify these diseases and find a cure. For this researches are must. Our ancient Acharyas have laid down some parameters to remain health and had discovered some wonderful drugs to get rid of diseases. But now in the present era there is a need to reevaluate, reexamine these drugs challenge their validity, standardize them by modern means and then accept and reject them in short period. Research need to be done in the known facts and to bring them into a new light. Also by doing this the drug having potential can be easily made available.

People often face major problems of skin. And in some others it is long persisting. It is more of a social stigma as it is visible to everyone. About 20–30%

have some form of skin disorders needing medical attention. In today's life, majority of skin diseases are caused due to various pollens, irritants, allergens, fast foods, irregular meal and other. Autoimmunity is another upcoming cause which is rapidly taking over the body causing various disorder. Skin diseases like SLE, eczema and lichen planus are seen on a wider scale today. They begin with small eruption over the surface and very soon spread involving deeper tissues. Treating such disease is challenging. **Kitibha Kustha / Psoriasis** is one of such disease which mainly involves limbs but can occur even on genitals, face and trunk. Modern Science does not have any answer for the psoriasis. As in Ayurveda, the disease caused by Virodhi Ahar-Vihar and even by krimi. The main symptoms i.e. the mean of psoriasis is to psora to "itch". The person suffering from the iteming becomes totally demoralized because psoriasis appears on the surface. Such is its impact and thus it becomes all the more important to find a treatment that can cure him of his stigma.

Treating psoriasis is found to be a challenging problem in front of the medical fraternity. Firstly to identify the cause i.e. unknown or other in itself is challenge and once this is done to manage the diseases is another big step. In modern medicine it is treated with steroids which only gives symptomatic, temporary relief with steroids. And later on the disease tends

to occur again with same or even worse force. Skin is the mirror of a person's personality. Anything involving it affects the person mentally, as it is more of social stigma being visible to all. Hence a remedy which will eradicate the cycle of recurrence is needed. For this we need not invent something new, just need to dig our treasure where our Ayurvedacharyas have given all remedies but which due to ignorance and negligence have fallen back, it is now time to bring it back to the world.

Skin disease are varied and complicated. If research is conducted in Ayurveda and pains are taken we can do enough good to the suffering humanity not only in India but also throughout the world to relive the patient from and anguish caused by the disease. Psoriasis is a dangerous and troublesome disease, but there are suitable enough resources at our disposal for treatment.

In present study **Rasasindoora** is research drug with **Swarnakshiri**. Rasasindoora is the Sagandha kupipakva Rasayana with augmenting property. Rasasindoora when given with Herbal Drugs increases the drug activity, minimizes the dose with instant relief.

Swarnakshiri is the herb having Kusthaghna property. The drug is mentioned in Rasa-ratnasamuchaya and also used by the vaidyas traditionally in the skin disorder. The action of the swarnakshiri is Bhedaka and raktadoshaghna.

Hence Swarnakshiri having Kusthaghna property was selected alone and along with Rasasindoora and Rasapottali to assess the efficacy on Kitibha kushtha.

AIMS AND OBJECTIVES :

- 1) To evaluate efficacy of Suvarnakshiri root choorna in the management of Kitibhkushta (Psoriasis).
- 2) To evaluate the efficacy of Suvarnakshiri root choorna along with Rasasindhoor in the management of Kitibhkushta (Psoriasis).

HYPHOTHESIS

- | | |
|-------------------|--|
| 1) H ₀ | There is no significant role of augmenting combination of Suvarnakshiri root choorna in the management of Kitibhkushta (Psoriasis) |
| 2) H ₁ | There is significant role of augmenting combination of Suvarnakshiri root choorna in the management of Kitibhkushta (Psoriasis) |

MATERIAL AND METHODS

Collection of Patient:

The entire patients visiting as a Kitibhkushta in OPD & IPD of Rasashastra department has

been scrutinized as per exclusion and inclusion criterion and divided in two groups randomly. The randomization chart has been utilized for the appropriate randomization.

disease and diabetes.

: Pregnant woman, H. I. V. patients.

Intervention:

Suvarnakshiri Roota Choorna

Botanical Classification of

Swarnakshiri :-

Kingdom	--	Plantae
Division	--	
Magnoliophyta		
Sub-Division	--	--
Class	--	
Manoliopsida		
Sub-Class	--	--
Family	--	
Papaveraceae		
Genus	--	Argemone
Species	--	Mexicana
Latin Name		--
Argemone mexicana Linn.		

Rasasindhura

Name	-	Rasasindhura
Kalpna	-	Rasapottali
Ingredients	-	Parada (Mucury) , Gandhaka (Sulphar)

Group A:

Name of Drug

Suvarnakshiri
Roota
Choorna with
Rasasindhura

Route

: Oral

Doses form

: Choorna
(Powder)

Dose

: 1gm

Diagnostic Criterion:

The classical signs and symptoms of Kitibhkushta (Psoriasis) like Aswedanam (Localized absence of Swaeing), Vivarnata (Discoloration), Kandu (Itching), Scaleing , Manadlam (Round patches of Discoloration) etc

Criteria for selection of patient

- : Having classical symptom of Kitibhakustha,
- : Age group 15-70 years.
- : Any sex, any religion and any class.

Criteria for exclusion

- : Age group below 15 and above 70 years.
- : Known case of cardiac

Frequency : Twice a daily
Anupana (Vehicle) : Luke warm water
No of Days : 41 days
Diet : The diet to be avoided in Kustha disease was strictly followed .
Obsevatons : Weekly
No. of Patients : 40

Frequency : Twice a daily
Anupana (Vehicle) : Luke warm water
No of Days : 41 days
Diet : The diet to be avoided in Kustha disease was strictly followed .
Obsevatons : Weekly
No. of Patients : 40

Group B:

Name of Drug : Suvarnakshiri
 Roota
 Choorna
 without
 Rasasindhura
Route : Oral
Doses form : Choorna
 (Powder)
Dose : 1gm
 Suvarnakshiri
 root choorna

Criteria for assessment –

Patients were examined weekly during the treatment. Case record form was filled up and changes noted accordingly. To note down the relief sign and symptoms they were graded as follows –

Signs	0	1	2	3	4
ASVEDAN	Normal	Improvement	Present in few lesion	Present in all lesion	All over Body
MAHAVA (Diameter of lesion)	Normal	1cm to 2cm	2cm to 3cm	3cm to 4cm	More than 4cm.
SCALING	No Scaling	Scaling off in 15-30 days	Scaling off in 7-15 days	Scaling off in 5-7 days	Scaling off in 1-5 days
KANDU	No Kandu	Mild or occasional	Off and On	Continuous without disturbed sleep	Continuous with disturbed sleep
VIVARNATA	Normal	Near to normal	Blanching red colour	Red colour + subcutaneous	Blackish red colour

DAHA	No daha	Mild daha	Moderate daha	Severe daha	Severe daha affecting sleep
MANDALA	No elevation	Slight elevation which not felt	Elevation felt but depressed in middle	Elevation in all lesion but soft	Elevation in all lesion but hard

Observations and Results

The observation and their inferences are –

1. according to Age –

Sr.No	Age	Group A		Group B	
		No. of Patients	%	No. of Patients	%
1	1 to 20	2	5	1	2.5
2	21 to 40	12	30	18	45
3	41 to 60	22	55	19	47.5
4	61 to 80	4	10	2	5
	Total	40	100	40	100

In this group A shows 41 to 60 age group 55% and group B is 47.5%.

2. According to Sex –

Sr.No	Sex	Group A		Group B	
		No. of Patients	%	No. of Patients	%
1	Male	26	65	31	77.5
2	Female	14	35	9	22.5
	Total	40	100	40	100

In this group A having maximum no. of male patients (65%), group B also having maximum no. of male patients (77.5%),

3. According to Religion –

Sr.No	Religion	Group A		Group B	
		No. of Patients	%	No. of Patients	%
1	Hindu	34	85	33	82.5
2	Muslim	6	15	7	17.5
	Total	40	100	40	100

In this Hindu patients are more predominant than Muslim patients. In group A, 85% are Hindu patients. In group B, 82.5% patients are Hindu. In group C, 65% patients are Hindu.

4. According to Diet –

Sr.No	Type of Diet	Group A		Group B	
		No. of Patients	%	No. of Patients	%
1	Vegetarian	23	57.5	22	55
2	Nonvegetarian	17	42.5	18	45
	Total	40	100	40	100

According to Diet, in group A, 57.5% are vegetarian. In group B the percentage is 55%.

5. According to koshtha–

Sr.No	Bowel habits	Group A		Group B	
		No. of Patients	%	No. of Patients	%
1	Constipation	21	47.5	28	62.5
2	Nonconstipated	19	52.5	12	37.5
	Total	40	100	40	100

In group A, 52.5 % patients do not have constipation. While in group B, 62.5% patient having constipation. In group C, 55% patient having constipation. In group A, 47.5%, group B, 62.5% .

6. According to Stress –

Sr.No	Stress	Group A		Group B	
		No. of Patients	%	No. of Patients	%
1	Absent	12	30	12	30
2	Minimum	8	20	12	30
3	Maximum	20	50	16	40
	Total	40	100	40	100

According to Stress, group A shows 50% patient suffering from maximum Stress. In group B 40% patients, suffering from maximum Stress.

7. According to Addiction Distribution –

Sr.No	Addition	Group A		Group B	
		No. of Patients	%	No. of Patients	%
1	Smoking	6	15	5	12.5
2	Alcohol	4	10	7	17.5
3	Tobacco	10	25	12	30
4	No Habits	20	50	16	40
	Total	40	100	40	100

According to Addiction in group A the 50% having no addiction. In group B the percentage is 40%..

Result.

Sign/Sym	Group	BT	AT	SD	SE	't' VAIUE	P value	Result	In %
Aswedanam	A	2.85	1.77	1.02	0.16	9.6	P<0.001	H SIG	53.26
	B	2.65	1.37	1.04	0.16	7.68	P<0.001	M SIG	48.30
Kandu	A	2.9	0.85	1.1	0.17	11.34	P<0.001	H SIG	53.26
	B	2.7	1.37	1.08	0.17	7.83	P<0.001	M SIG	49.25
Diameter of Patches	A	2.77	1.32	0.8	0.13	11.06	P<0.001	H SIG	56.76
	B	2.65	1.37	1.04	0.16	7.68	P<0.001	M SIG	41.07
Scaling	A	2.5	1	0.8	0.12	11.65	P<0.001	H SIG	59.78
	B	2.97	1.9	1.11	0.17	6.08	P<0.001	M SIG	36.62
Vivarnata	A	2.7	1.25	0.77	0.12	12.04	P<0.001	H SIG	64.52
	B	2.72	1.7	0.98	0.15	6.56	P<0.001	M SIG	37,90
Mandala	A	2.87	1.4	0.8	0.12	11.57	P<0.001	H SIG	63.44
	B	2.9	1.9	1.33	0.2	4.49	P<0.001	M SIG	34.48

DISCUSSION AND CONCLUSION

It was great interest to assess the above said properties in both formulations. The Ideal method for assessment of Rasa Preparation is the Clinical Study. Study was conducted at Smt. K. G. M. P. Ayurvedic

Hospital in 40 patient of Kitibha Kushta diagnosed as per criteria of diagnosis. The observation and inferences are –

1. Psoriasis is more common in age group 41 to 60 yrs. (45.90%).

2. It is more common in male patients. The ratio is 70 : 30.
3. No. of Hindu Patients are 77% while 33% are Muslim Patients.
4. 53% Patients were Vegetarian and rest 47% were of mix food habits.
5. In order to age incidence, maximum cases were found between 14-60 yrs. of age. The youngest patient in this study was of 20 years and the oldest was 70 years. The minimum incidence was recorded in age group of 21 to 30 years.
6. According to Bowel Habits 55% Patients are Irregular Bowel Habits while 45 % Patients are Regular Bowel Habits.
7. The 43% Patients shows Maximum Stress.
8. The 39% Patients having No Addiction while 61% Patients having Addiction like smoking, drinking and tobacco chewing.
9. There Major Groups were made for comparative analysis viz. A, B
10. The name of the Groups as given below –

Group A : Swarnakshiri-Rasasindoora

Group B : Swarnakshiri Churna

CONCLUSION

Ayurveda has its own research methodology which is unquestioned in the current conventional systems of knowledge, technology, molecular biology and statistics. The study was done in the postgraduate department of Rasashastra.

Psoriasis is one alarming and incurable entity which is seeking a root care. Number of researches has been done but yet success is not achieved. This indicates need of few management of psoriasis. Though study of the disease revealed the factors like constipation, stress, Dosh–Dushya samurcchana responsible for the pathogenesis. The factors are deep seated and difficult to check.

Two selected Rasa Formulations were prepared and developed as per basic principle of Rasashastra viz. each component drug was developed with antipsoriasis property by using process of shodhana, mardana, bhavna. Standardization which is essential for any drug before commencing clinical use or manufacturing, was done in most accepted fashion. The data generated will be helpful for its quality control and standardization of other herb mineral preparations which is often not done satisfactorily by the manufacturers.

Open random clinical study of 80 patients of psoriasis showed the efficacy of the drugs over usual line of treatment given in institute. Among the various parameter, the The administration of Rasasindoora with swarnakshiri churna shows drastic results in the scaling, kandu,

twakvaivarnya. There is no side effects recorded in this drug.

CLINICAL STUDY –

For the Clinical Study Two groups were made –

The Distribution of Group –

Group A : Swarnakshiri--
Rasasindoora

Group B : Swarnakshiri Churna

14. Upashaya in Symptom in Rassindoora with–swarnakshiri

Sr. No.	Symptoms	No. of gradation all patients		Upashaya in Percentage.
		BT	AT	%
1.	Aswedan	44	19	56.81%
2.	Kandu	45	17	62.22%
3.	Diameter	42	17	59.05%
4.	Scaling	41	14	65.08%
5.	Vivarnata	45	15	66.66%
6.	Mandala	46	18	60.87%

According to table, the maximum percentage of Upashaya group I is in the Vivarnata (66.66%) also in the scaling (65.80%) and minimum also in the Scaling (65.80%) and minimum in the Aswedan (56.%)

Group B Upashaya in Symptom in Swarnakshiri –

Sr. No.	Symptoms	No. of gradation all patients		Upashaya in Percentage.
		BT	AT	%
1.	Aswedan	106	55	48.30%
2.	Kandu	109	55	49.25%
3.	Diameter	112	66	41.07%
4.	Scaling	119	76	36.02%
5.	Vivarnata	109	68	37.90%
6.	Mandala	117	79	34.48%

The Swarnakshiri group III majorly acts on the Kandu (49.25%) and on Aswedana (48.30%) and less on Mandala (34.48%).

➤ Rasasindoora groups proved to be better result than its counter part Swarnakshiri

CONCLUSION –

- All the groups gave complete results from 'Kandu'.
- All the groups shows 90% relief from the Twakvaivarnya and scaling. Daha and Mandala with few exceptions

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