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Clinical Evaluation of the Effect of *Panchnimbak Churna* in the Management of Dadru w.s.r. Tinia Infection of Skin

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ABSTRACT

Background: Dadru is an Ayurvedic dermatological disorder characterized by features such as kandu (pruritus), utsanna mandala (elevated circular lesions), raga (erythema) and pidaka (eruptions). These clinical features have been correlated with dermatophytosis, including tinea corporis, in contemporary literature. However, clinical correlation does not by itself establish microbiological confirmation.
Objective: To evaluate the clinical effect of Panchanimbaka Churna in patients clinically diagnosed with Dadru and correlated with tinea infection of the skin.
Methods: Thirty screened patients were treated with Panchanimbaka Churna 6 g with Ushna Jala for 21 days. Clinical parameters were assessed before and after treatment, with follow-up during the treatment period and for 15 days after completion. The study was a single-arm clinical study.
Results: The reported mean scores decreased for Shwetatha (3.00 to 0.83), Tamravarnata (3.16 to 1.66), Pidika (3.00 to 0.83) and Kanduta (2.46 to 1.13). Based on these means, the corresponding percentage reductions are 72.33%, 47.47%, 72.33% and 54.07%, respectively.
Conclusion: Panchanimbaka Churna was associated with improvement in the recorded clinical parameters in this single-arm study. Because there was no control group and microbiological confirmation is not documented, the findings should be interpreted as preliminary clinical evidence rather than proof of antifungal efficacy. Panchanimbaka Churna should not be presented as a replacement for established antifungal treatment without further controlled studies.

Keywords: Dadru; Panchanimbaka Churna; dermatophytosis; tinea; Ayurveda; clinical study.

INTRODUCTION

Skin is the largest organ of human body. It's size and external location makes it susceptible to a wide variety of disorders. In recent years, there has been a considerable increase in the incidence of skin problems in the tropical and developing countries like India due to various reasons like poverty, poor sanitation, unhygienic, pollution, harmful chemicals, exposure to extreme environmental conditions of cold, heat. Normal skin maintains an interrelated integrity & it is the purpose of this research work to study in detail some deviations from that integrity through clinical point of

view. Now day's skin diseases are very common. Though skin diseases are common at any age of the individual, they are particularly frequent in the elderly.

Dadru is one among the Kushtarogas. It's characterized by raised, circular lesions, itching and pustules, and that it is kapha-dominant[1]. It can be correlated with Tinea infections (dermatophytosis). Superficial dermatophytosis affects 20-25% of the world population and is common infective dermatoses in clinical practice[2].

Incompatible foods and activities which are mentioned in Ayurveda is also an important cause for Dadru.

In modern science many patients improve initially but develop recurrence. Chronic, recurrent and recalcitrant dermatophytosis has become an important problem in India. Steroid containing combination creams can suppress inflammation temporarily without eliminating the fungus. Reduced antifungal resistance, reduced responsiveness has been documented. So there are limitations of conventional treatment[3].

To come over that in this present study selected an ancient formula in Bhaishajya Ratnakar as "PACHANIMBAK CHURANA[4]" where all Panchanga of Nimba are used and administered with ushna jala.

AIMS AND OBJECTIVES

1. To study Dadru with reference to its clinical correlation with tinea infection of the skin.
2. To evaluate the clinical effect of Panchanimbaka Churna in patients diagnosed with Dadru.

MATERIALS AND METHODS

Study design

An open-label, single-arm clinical study was conducted in 30 screened patients diagnosed clinically with Dadru. Patients received Panchanimbaka Churna 6 g with Ushna Jala for 21 days.

INCLUSION CRITERIA:

1. Patient having classical symptoms of Dadru like Shwetatha, Tamravarnata, Pidika, Kandutha.
2. Patients having history of less than two years of origin.

EXCLUSION CRITERIA:

1. Patients taking immune suppressive medications.
2. Pregnant woman and lactating woman
3. Patients who have undergone recent surgeries.
4. HIV +ve cases AIDS.

DIAGNOSTIC CRITERIA:

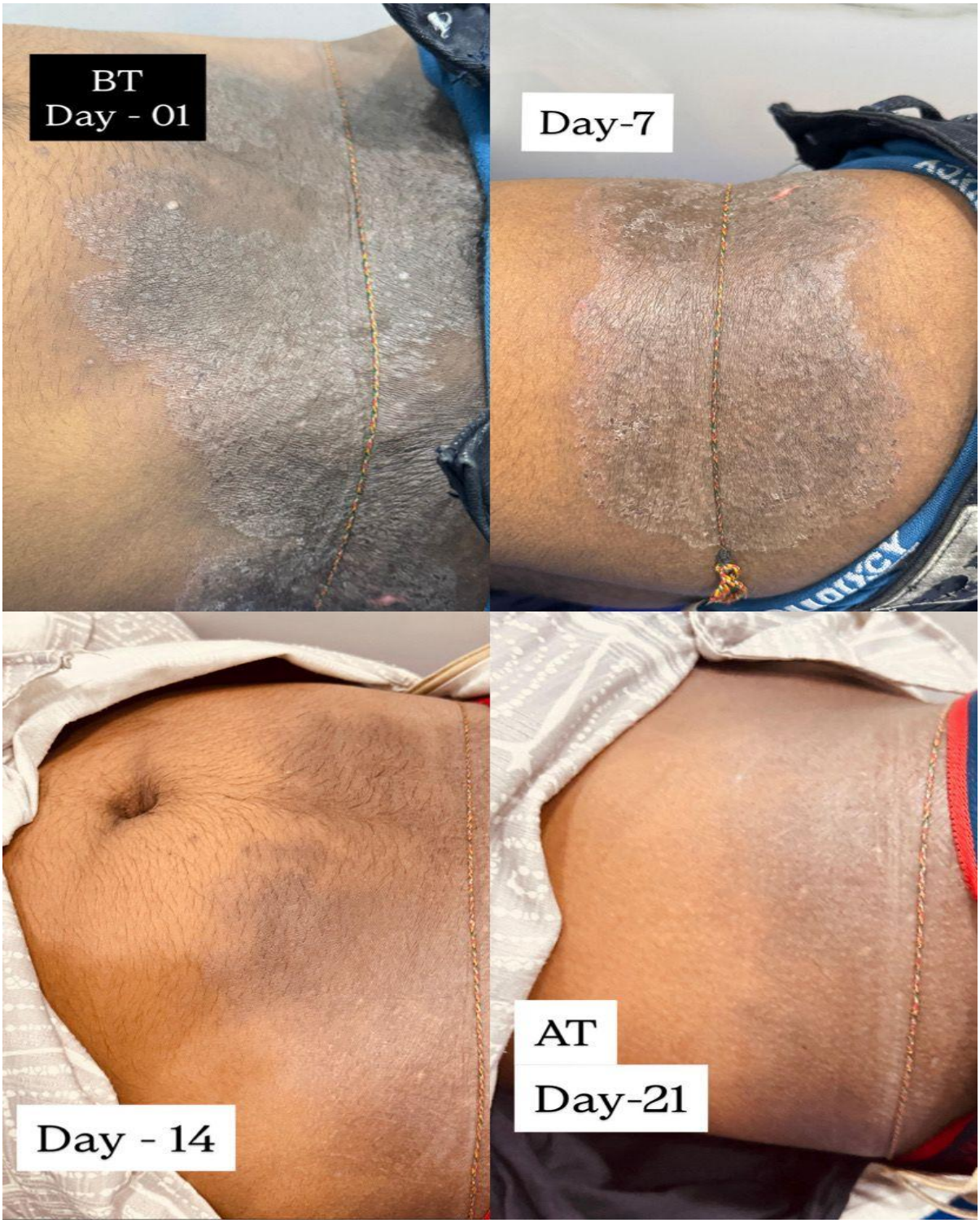
Diagnosis is established on the basis of sign and symptoms of Dadru like shwetata and tamravrnata, pidika and kandu.

Posology: 6gm

Anupana: Ushna jala

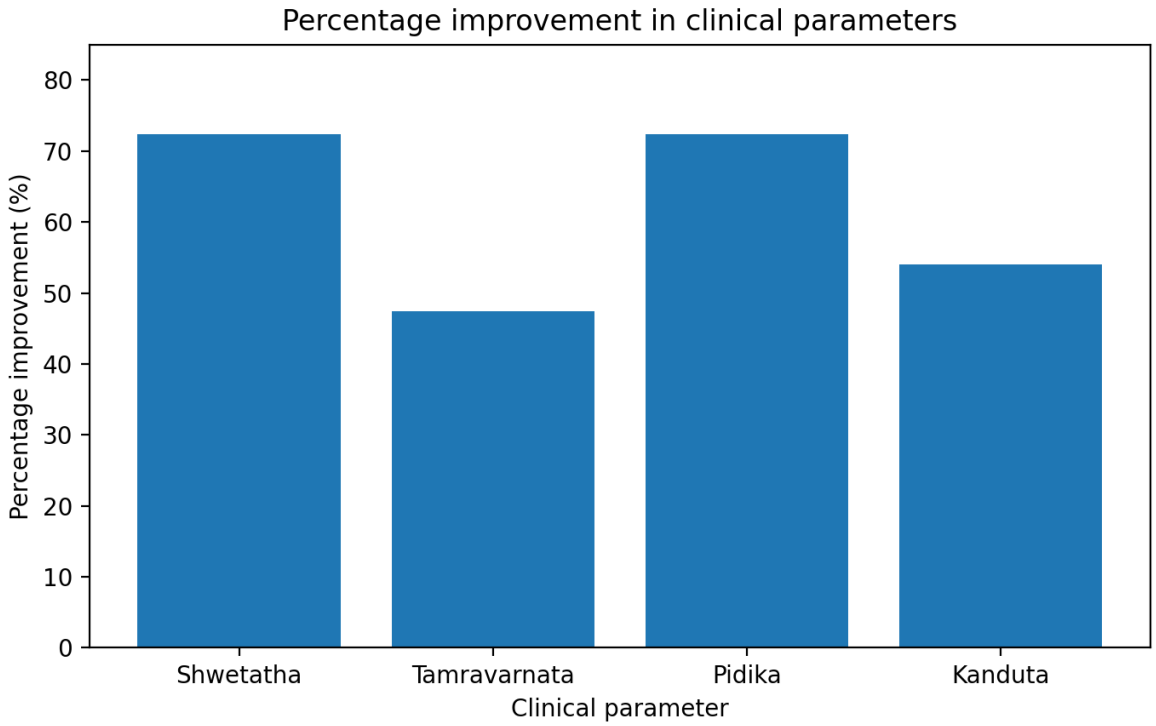
Study duration: 21 days

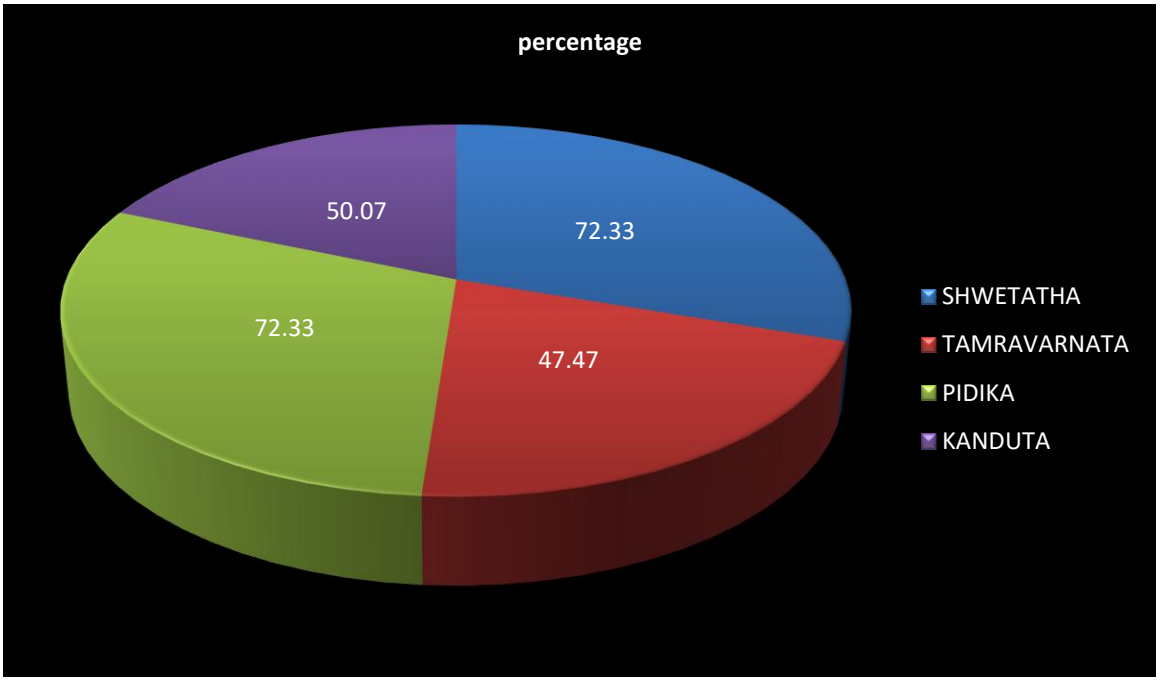
Follow up study: The follow up conducted during study period in every 7 days once and patients will undergo follow up to another 15 days after completion of treatment.



RESULTS

Sr. No	Symptoms	Mean		Mean difference	%	SD	SE	t – Test	p –value
		BT	AT						
1	**Shwetatha**	3.00	0.83	2.17	72.33%	1.5344	0.3967	3.86	<0.001
2	**Tamravarnata**	3.16	1.66	1.50	47.47%	1.0606	0.2742	3.85	<0.001
3	**Pidika**	3.00	0.83	2.17	72.33%	1.5344	0.3967	3.86	<0.001
4	**Kanduta**	2.46	1.13	1.33	54.07%	0.9404	0.2431	3.85	<0.05





SHWETATHA: The before treatment value mean for it was 3 and which was reduced up to 0.83 after treatment. The mean difference for these values was counter as 2.17 the % of present matter is 72.33% the calculated standard deviation is 1.5344 the standard error a was 0.3967 which t paired test is 3.86 which is significance at level <0.001

TAMRAVARNATA: The before treatment value mean for it was 3.16 and which was reduced up to 1.66 after treatment. The mean difference for these values was counter as mean difference 1.5 the % of present matter is 47.47% the calculated standard deviation is 1.0606 the standard error a was 0.2742 which t paired test is 3.85 which is significance at level <0.001

PIDIKA: The before treatment value mean for it was 3 and which was reduced up to 0.83 after treatment. The mean difference for these values was counter as 2.17 the % of present matter is 72.33% the calculated standard deviation is 1.5344 the standard error a was 0.3967 which t paired test is 3.86 which is significance at level <0.001

KANDUTA: The before treatment value mean for it was 2.46 and which was reduced up to 1.13 after treatment. The mean difference for these values was counter as 1.33the % of present matter is 50.07% the calculated standard deviation is 0.9404 the standard error a was 0.2431 which t paired test is 3.85 which is significance at level <0.001

DISCUSSION

The observed reductions in the clinical scores suggest improvement over the 21-day treatment period. However, because this was a single-arm study without a comparator, spontaneous improvement, regression to the mean, changes in hygiene or other co-interventions cannot be excluded. The findings therefore demonstrate an association with treatment rather than definitive treatment efficacy.

Probable mode of action: Panchanimbaka churna is considered useful because of its

Tikta and kashaya rasa: Kleda shoshana and reduction of excessive moisture

Laghu ruksha guna: Reduces kapha and kleda, which are associated with the moist environment favouring skin lesions

Tikta rasa: Traditionally regarded as kushtaghna and krimighna

Nimba: Classically have kandughna, kushtaghna, krimighna and pittahara properties

Deepana pachana: May help correct aama and impaired agni when these are considered contributory.

Modern: Nimba and other bioactive constituents acts as antifungal and anti-inflammatory, reduces fungal growth and pruritus and improved lesions. Neem has demonstrated in-vitro antifungal activity against several dermatophytes

CONCLUSION

1. Dadru is one such disease which is affecting many individuals in their lifetime, which can be roughly correlate with tinea skin infection.
2. Tinea skin infection is commonly found in age of 15- 64 years.
3. As this disorder normally occurs in the rural area, where the lack of cleanliness.
4. In the present study no patient complained about any adverse effects of the medicine throughout the course.
5. In this single-arm clinical study, Panchanimbaka Churna was associated with improvement in the recorded clinical features of Dadru over 21 days.
6. Based on the reported mean values, the percentage reductions were 72.33% for Shwetatha, 47.47% for Tamravarnata, 72.33% for Pidika and 54.07% for Kanduta.
7. These findings are preliminary and should not be interpreted as proof of antifungal efficacy because the study lacked a control group and microbiological confirmation was not documented.
8. Larger, controlled studies with standardized diagnostic criteria, validated outcome measures, appropriate statistical analysis and longer follow-up are required.

Declaration by Authors

Ethical Approval: Approved

Acknowledgement: None

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Conflict of Interest: The authors declare no conflict of interest.

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