

Role of Paradadi Malahar in Dadru and Mandala Kustha

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ABSTRACT

Dadru and Mandala Kushtha are common twagvikaras (dermatoses) frequently involving flexural and genito-crural regions and are often chronic and recurrent in nature. In certain patients, satisfactory relief is not achieved with modern therapeutic measures. Paradadi Malahara, described in Bhaishajya Sara Samgraha, is traditionally indicated in such conditions. The present clinical study was undertaken to evaluate the efficacy of Paradadi Malahara in Dadru and Mandala Kushtha, particularly affecting the Vankshana Pradesha (genito-crural region).

A total of 32 clinically diagnosed cases of Mandala Kushtha were randomly selected. The pathological basis of Dadru and Mandala Kushtha was analysed in the light of both Ayurvedic principles and modern dermatology. Paradadi Malahara, containing mercury, sulphur, copper sulphate, kameela and paraffin base, was administered locally with specified poorvakarmas and strict precautions.

Marked relief in itching, burning and scaling was observed in 26 patients (80%) within four weeks. Complete cure was achieved in 4 patients (12.5%), while 2 cases (6.25%) showed no appreciable improvement. No adverse or sensitivity reactions were reported. The study highlights the importance of a holistic approach involving topical therapy, personal and social hygiene, and enhancement of general resistance in the management of Dadru and Mandala

Kushtha.

KEYWORDS: *Dadru, Mandala Kushtha, Paradadi Malahara, Twagvikara, Vankshana Pradesha, Fungal Dermatoses, Ayurvedic Dermatology.*

INTRODUCTION

Some patients of a certain twagvikara (dermatosis) after trying modern medicine no significant results are found. The use of paradadi malahara, which is described in Bhaishajya Sara Samgraha. Hence to investigate the effects of Paradadi Malahara on Dadru and Mandala Kushtha, especially of Vankshana Pradesha (i. e, the genito-crural region).

The results of this investigation are as follows:

- 32 cases presenting themselves with Mandala Kushtani (i. e. ringed lesions), on their skin were randomly selected for clinical research from among the patient. Among these patients, 17 were male adults of age group of 25 years and above. 10 cases were boys in the age group of from 14 to 24 years, remaining five cases were females. In all these cases the presenting complaint had been Mandala Kushta in Vankshana Pradesha (i. e. cruro-genital dermatosis).
- The pathological basis of signs and symptoms presented by Dadru and Mandala Kushthas is discussed here both according to Ayurveda and Modern Dermatology, so as to form a basis for the scientific approach to its effective therapy. The possible mode of action of the active ingredients of paradadi malahara is also being elaborated here.
- The Ayurvedic Doctrine that both health and disease depend upon the condition of body, mind and soul and their interaction is made here, and it is pointed out here that this general way of causation of disease applies with equal force to Dadru and Mandala Kushtas also.

It is stressed here that the two modern dermatological trends measurement and fractionation alone would not help in dealing with skin diseases and that we should have a totalistic approach to the problem. Hence to tackle Dadru and other fungus infections apart from topical application of Paradadi Malahar the point is stressed that we need to improve the patients general resistance to diseases and that we must convince them about the importance of both

personal and social hygiene in preventing and controlling Dadru, Mandala. Kushtha and such other fungal diseases.

In most of these cases apart from Vankshana(groin), nitamba (gluteal cleft), Kaksha (axillae), Upastana Pradesha (Submammary area) and Nabhi Pradesha (umbilical area) also had individual or anyonya sumyukta (coalesced) mandalas. In 2 female cases pandura pradara with yoni kandoo (vaginitis) was seen and in 3 male cases prajanana mala vridhi kandoo on sisnamani (balanitis) was also noticed. As updrava (i. e. secondary complications), the following Kshudra Kushtas and other conditions were noticed, in these cases 2 of them had choornaka (dandruf). In 3 female cases alasake (teniapedis) was noticed. 3 boys were having srikkinee vidarana (cheilitis). 3 female cases had Vipadika (i.e. cracks in palms, soles. and heels).

Paradadi Malahara contains

- Para (Mercury) — one part
- Kameela — one part
- Gandhaka (sulphur) - half part
- Neelatotha (copper sulphate dehydrated)- 1/8th part
- Yellow paraffin — 18.5 parts.

This ointment was advised to be used with the following poorvakarmas (preparatory procedures) and pareeharas (precautions):

1. Wash the area thoroughly with Nimbapatra Kwath.
2. Dry the area with clean cloth.
3. Use some mild face powder as avachoorana (dusting) to absorb the excessive moisture from the area.
4. Then initially use a little ointment. over a small portion of the mandala on the first day to study possible untoward reaction (asaatmyaja lakshana) such as a rash with itch, burning
5. etc., should this happen, do not use the ointment.
6. Do not use the ointment over sisnamani (glans), yoni pradesh (vagina), eyelids lips and such other delicate places.
7. Similarly do not use the ointment over severely inflammed raw red surfaces.

8. Spread the required quantity ointment over the mandalas lightly without any rub.
9. As the condition improves, reduce the quantity of ointment used by diluting it with coconut oil.

RESULTS

With the above regimen of treatment, there was marked relief in itching, burning and scaling etc. in 26 (80%) patients within 4 weeks even though they were asked to use the ointment for another 4 weeks to prevent the possible recurrence of mandalas.

In the present study, patients were classified as relieved when there was relief in itching, burning & scaling & in all other aspects except that the colour of the patch did not return to complete normalcy.

4 (12.5%) persons were cured completely meaning the mandalas disappeared completely leaving behind a perfectly normal colour in the area, But 2 (6.25%) cases remained uncured without any appreciable improvement.

In modern system of medicine also mercury and other heavy metals are traditionally used as topical applications because they are strong antiseptics and astringents, Sulphur is extensively used for acne & seborrheic conditions. In addition, in psoriasis, also mercury and sulphur containing preparations are used since they have been shown to influence sulphadriol group activity, despite their allergic potentialities; they may play a useful role in the Careful treatment of selected cases.

Thus, the principal ingredients of Paradadi malahara apart from being used in Ayurvedic system of medicine have been traditionally used in Modern systems of medicine also. Such treatment may seem in some respects empirical, but it has the practical value of comforting the patient and healing the lesion.

DISCUSSION

Among the 32 cases studied here, majority may be considered as fungal infection such as Tenia, Candidiasis, Mioniliasis etc. This assumption is based purely on the clinical features presented by these cases and no mycological tests were undertaken to determine their exact aetiology.

The remaining few cases were probably (flexural infection) eczema in modern medical parlance.

In Charaka Samhita, one of the maha kushtha- 'Mandala Kushtha' is described in the plural as Mandalani. This plural usage signifies the fact that there may be many varieties of mandala kushthas and that the same etiological factor may have potentiality of producing diverse dermatological clinical syndromes according to sthana vibhaga or site of the lesion.

Now it is known that mukhapaka with jihva samata especially in infants (thrush), srikineevidarana (cheilitis), choornaka (tenia capitis, dandruff), prajanana mala vridhi (balanitis), yonikandoo with pandura pradara (vaginitis) kunakha, alasaka (chillblain, dhobi itch) and such other mutually diverse conditions can all sometimes be traced to fungal infections.

Dadru is a milder form of mandaea kushtha - an itchy small patch, which happens to be a nuisance and disappears within a few days without the need of any significant treatment. Hence it is kshudra (i. e. secondary in importance), whereas mandala Kushtha which is chronic and recalcitrant (chirakari) is Mahan (primary in importance).

Kandoo (itch)- a kaphaja lakshana happens to be a cardinal symptom of many a twag-vikaras. Kandoo leads to kandooyana (scratching). Scratching leads to the two symptoms-Daha (burning) and vedana (pain) which are paittika and vatiks lakshanas respectively. Thus, skin diseases in general have come to be regarded as sannipatika or tridoshaja rogas in Ayurveda. Only the degree of vitiation of different doshas differs in each skin disease.

Itching leads to: scratching and intense scratching exposes a fleshy (lohita or tamra twak) and causes oozing out of a serous exudate sometimes and at other times a frank bloody bleeding ensues-thus vitiation of twak (epidermis) mamsa (dermis) Laseeka (serous exudate) and Rakta (blood) is too obvious in mandala kushthas to miss the attention of an inquisitive observer. Hence, vata, pitta, kapha, twak, mamsa, laseeka and Rakta are the 'sapta dooshyas' in skin diseases.

Kapha and pitta are the main doshas in dadru and Kapha is the Main dosha in mandala kushthas. As kapha and pitta the mutually viruddhopakrama doshas are the main culprits in dadru, it sometimes becomes a krichhrasadhya roga.

Mercury, sulphur, copper sulphate and kameela, all these active ingredients of paradadi malahar are powerful shodhana (antiseptic) Ropana (astringent and stimulant) and kaphahara dravyas-thus far they are suitable for the treatment of dadru and mandala kushtas.

But all these ingredients are pitta prakopakas-daha-paka kotha karas when inadvertently used. These facts from the basis of precautions prescribed in the use of Paradadi Malahara.

In all these 32 cases under report as the paradadi malahara was used skillfully and with proper precautions-not a single case of sensitivity was noticed and the ointment was tolerated fairly well by all these patients.

Skin diseases are considered to be one among the prime contagious diseases according to Ayurveda. Dadru and Mandala kushtha are also no exception to this rule.

To avoid contamination and to protect ourselves from infections and infestations Ayurvedic texts have commended certain Swastha Vrittis (Healthful conduct) and Sadvrittis. (Good conduct) to be followed. Pertinent among these commendments in the context of dadru and mandala kushthas are the following:

i.e. each day all the excretory orifices of the body including nasal and aural vestibules, buccal cavity, hands and feet should be kept scrupulously clean. We should avoid handling dust, dirt and filth with fingers unduly and unnecessarily and avoid fingering the nose needlessly. Or else we should wash the hands and feet clean immediately afterwards. At the very first, such instructions in personal and social hygiene may look too elementary and seem that they are meant for the pupil in the nursery classes.

In 20th century:- "... In the nasal vestibules of about half the population staph-pyogenes occurs as a resident and strep-pyogenes may be carried there. Hence, the importance of this site as-infection both a source of personally and in the community (similarly) at the anogenital region enterococci and coliforms are residents and the gut organisms including staph aureus, PS pyocyanea, proteus and candida albicans are likely to obtain lodgment, when there is any local disease. They may be transferred elsewhere either digitally or on under clothing particularly the crural meatus, the nostril's the paronychial and body folds and to leg ulcers. This

particularly applies where hygienic standards are poor...”

Regarding fungue infections, dermatologists have put forth their clinical observation on the following lines.

They say that:

While the sources of infection are known virtually nothing is known of the factors, which determine the susceptibility or resistance of the host. In some cases, superficial fungus infections recur year after year, while in others infection is brief, in addition only a minority of those exposed become infected.

As only a minority of those exposed to fungus become infected obviously, the outcome of the encounter with the fungus [depends on many extraneous factors. Personal tanj social hygiene, various, thermal and social stresses and strains and general bodily resistance all play a significant role in fungus infections. Hence, the totality of the circumstance should be visualized while investigating a case.

According to Ayurveda both health and disease depends upon the condition of body, mind and soul and their mutual interactions.

This general rule about causation of disease applies with equal force to Dadru and Mandala kushtha also.

Modern Dermatologists are also having ‘second thoughts’ about the causation of diseases & about the approach to be followed in their investigation which are so tellingly and dramatically expressed in the following Passages reproduced here for the benefit of this distinguished gathering:

To some, science is synonymous with measurement to them scientific advance consists of a progression of more accurate and detailed measurements of a wider variety of things which have not been measured before demanding even more sophisticated metering devices etc. To tackle fungus infection, we need to improve the patient’s general resistance to diseases. We must convince him about the importance of both personal and social hygiene in preventing and

controlling the disease. His mental tension needs to be relieved and in some instances, we need tackle the environmental stress to which he may be exposed.

BIBLIOGRAPHY

1. Ashtanga Hridaya Nidanasthan
2. Charaka Samhita Sutrasthana Nidanasthana
3. Madhavanidana Kushthanidana

REFERENCES

1. Charaka Samhita. Agnivesha, revised by Charaka and Dridhabala. Ayurveda Dipika commentary by Chakrapani. Varanasi: Chaukhamba Orientalia; Reprint ed. Sutrasthana, Kushtha Chikitsa Adhyaya.
2. Sushruta Samhita. Sushruta. Nibandha Sangraha commentary by Dalhana. Varanasi: Chaukhamba Sanskrit Series; Reprint ed. Nidanasthana, Kushtha Nidana.
3. Bhaishajya Sara Samgraha. Govind Das Sen. Varanasi: Chaukhamba Bharati Academy; Reprint ed. Kushtha Chikitsa Prakarana.
4. Sharma PV. Dravyaguna Vijnana, Vol II. Varanasi: Chaukhamba Bharati Academy; Reprint ed. p. 451–460.
5. Tripathi B. Ashtanga Hridaya of Vagbhata with Nirmala Commentary. Delhi: Chaukhamba Sanskrit Pratishthan; Reprint ed. Chikitsasthana, Kushtha Chikitsa.
6. Thappa DM. Textbook of Dermatology. 3rd ed. New Delhi: Jaypee Brothers Medical Publishers; 2016. p. 312–328.
7. Rook A, Wilkinson DS, Ebling FJG. Textbook of Dermatology. 6th ed. Oxford: Blackwell Scientific Publications; 1998. p. 875–902.
8. Fitzpatrick TB, Wolff K, Johnson RA. Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology. 6th ed. New York: McGraw-Hill; 2009. p. 215–230.
9. Adams RM. Occupational Skin Disease. 3rd ed. Philadelphia: Saunders; 1999. p. 142–150.
10. Kligman AM. The pathogenesis of superficial fungal infections. Archives of Dermatology. 1966;94(5):604–610.
11. Gupta AK, Cooper EA. Update in antifungal therapy of dermatophytosis.

Mycopathologia. 2008;166(5–6):353–367.

12. Nadkarni AK. Indian Materia Medica, Vol I. Bombay: Popular Prakashan; Reprint ed. p. 839–845.