

## *A Prospective Clinical Study in Psoriasis*

**Dr. Deodatta Bhadlikar<sup>1</sup>, Dr. Devyani Bhadlikar<sup>2</sup>**

*Principal/ Medical Director/ Professor<sup>1</sup>, Professor<sup>2</sup>*

*Department of Shalya tantra<sup>1</sup>, Department of Rasa Shastra & BK<sup>2</sup>*

*Rashtriya Ayurved College and Research Institute Hatnoor, Tehsil- Kannad, Dist. - Chhatrapati Sambhaji Nagar, Maharashtra<sup>1</sup>, Sau Vandana Tasgaonkar Ayurved Mahavidyalaya Karjat, Dist.- Raigad, Maharashtra<sup>2</sup>*

**Email ID:** *bhadlikar69@gmail.com<sup>1</sup>, drdevyani.bhadlikar@gmail.com<sup>2</sup>*

### **ABSTRACT**

*Psoriasis is a chronic, non-infective, relapsing skin disorder with uncertain etiology and limited curative treatment options. The present clinical study evaluates the efficacy of **Chandamarutham**, a Siddha herbo-mineral formulation, used as an external application in the management of psoriasis. A total of **24 inpatient cases** and **94 outpatient cases** of clinically diagnosed psoriasis were treated using Chandamarutham mixed with butter in varying proportions, with **50 g in 1 oz butter** standardized as the effective dose. Clinical improvement was assessed based on reduction in scaling, itching, pigmentation, and lesion spread. Most patients showed significant improvement within 3–4 weeks, with an average treatment duration of 56–66 days and no observed adverse effects. The study concludes that Chandamarutham is a safe and effective external Siddha therapy for psoriasis.*

**KEYWORDS:** *Psoriasis, Chandamarutham, Siddha Medicine, External Therapy, Chronic Skin Disorder*

### **INTRODUCTION**

It is started with proper understanding and practical application, observation, experiments, contemplations and the gained clinical & practical knowledge of implications. The study involved higher degree of abstraction than the simple observation, During the study we noted whether the growth is excessive, invasive or perhaps metasing. The different factors which incite and promote for the long period are the age, diagnosis. stimulation proveking behaviours,

the etiology, prodrom and the treatment.

On clinical side, the valuable things are the proper diagnosis, the study of natural history of the diseases, the situation, local treatment, the proper result and curability. If possible, advances and application of new knowledge is necessary. We have decided to use the medicines on Psoriasis as an external application. Even though it is not mentioned in any of our texts but by our analytical knowledge and the constituent of the recipe provoked to have the clinical study on the cases of Psoriasis (Chandamarutham of Siddha Pharmacopoeia.)

In the beginning we started with 5 grs. of Chandamarutnam (Psoriacide) with 1 oz. of butter and later to 50 gvs. with 1 oz. of butter by gradual increase of dose. We have standardised the dose as 25 to 50 grs in 1 oz. of butter and prepared a plan for the evaluation of the drug in cases of Psoriasis. As the basic study, we have decided to patient with the due consideration of learned authorities of India, as it is a disease of non-infective nature. We thus trial 24 cases in all ages and both sexes and produced the best results by the previously mentioned medicine, for which the following details in this article will give the entire efforts on the-clinical study.

Further, in the description of the ancient Siddha medicine (about 5000 B C. old) described in Tamil language as Kalanja vadam and Padai. The Yogi Chintamani, Vaidya Sara-Sangraham and Vaidya, Vaga, Yoga Gnaha Shastrams of XII vols. are having the reverence here and there.

First, the treatment was started for the external application only, in various percentage and proportion. This recipe requires a broad chemical analysis, pharmacological investigations for the modern scientific world. Anyhow, the trials and treatment in this institution were given only according to the indigenous methods.

### **Materials and Methods**

Twenty-four cases were selected for admission and diagnosed by modern means as Psoriasis. Every case was referred and studied clinically. All ages and both sexes were examined. The patient is completely relieved from all signs and symptoms. The drug taken for treatment is a recipe of indigenous system of medicines. It is prepared according to the Siddha Pharmacopoeia with slight alteration. As the drug required chemical analysis like to give the name as Psoriacide.

## Recipe

1. Eru neruuppan (Lingam)
2. 2, Sukan (Pooram)
3. Mamagan (Veeram)
4. Eru Mala (Gandhakam)
5. Chinduram (Rasa Chinduram)

Formula grind in milk continuously for a week till it gets dried. Again powder the same and mix with some emollient and apply externally over the lesions of Psoriasis.

In General, it is a preparation of mercury, sulphur compounds the identification of the synthetic, and natural raw drugs and chemical analysis are the important factors.

Further the details on etiological factors are still vague. None has been able to infer on diets, psychic factors, environmental, congenital factors and Micro-organisms. No epidemiology is found but it is certain that this is a disease of non infective nature. It requires synthetic study and analysis which requires very able hand and material before the conclusion.

## Clinical Findings

From the signs and symptoms we decided the diagnosis-

1. The statement of Keopher as allergic condition,
2. The statement of lestlies inference, as carcinoma of multiple superficial basal cells and
3. The statement of Barber a focal infection associated with fatty infiltration with mineral oil and the various factors demonstrated with spectroscopy in the diagnosis.
4. Annede tried with vaccine actinomyces but not in controls
5. Kapys in 1: 1000 produced positive skin lesions and tried.
6. Pleger's suggestion as defective liver functions.
7. Leary has stated fat metabolism may also be a cause and hypothesized the same.

In the broad field of clinical findings, the experiments we liked to do are-

- a) Skin Biopsy
- b) Peripheral circulatory tests
- c) Skin Cholesterol metabolism

- d) Histological study and
- e) Blood examinations.

## **DISCUSSION**

So far 94 cases in O. P. D. and 24 in I. P. D. were treated by this team, Only external application of Chandamarutham with butter was tried in various percentage and now found 50 grs. in 1 oz. of butter is much better than the previous proportions. As it is our personal experiment and invention.

In the beginning 56 days were taken for clinical cure in I. P. D and general outdoor cases took 76 days for clinical cure. The above study was made in all ages in both sexes. Under the I. P. D. study 13 males and 11 females were treated. The duration of the disease was from 6 months to 25 years. In majority of the cases the sufferings were Persistent. In outdoor we found, out of 70 cases some used to get relapses at one year's interval but no history in relation with the season, Generally in summer there is no relapse.

At first the Medicine was applied externally only with no oral medication. Any patient who gets more than three relapses, gets the lesions permanent with no change of scaly lesions, permanently as sufferings. The symptoms and the sites of infection are given in the graph and the tabulation may reveal required data of the same. In all, the treatment is effective. The Prognosis during the treatment is as follows-

During first week falling of the scales, second week the itching subsides gradually with the change of pinky pigmentation to blackish colour-3rd and 4th -week the skin changes to normal colour, it takes much more time to cure on scalp. No side effects were noted during the treatment. In the beginning fearing for the side effects, we applied some other medicine for the head but no relief was produced satisfactorily-this is called Karappan thailam.

For every case we are maintaining the follow ups. In relapsed cases if it is, more than once we have given an oral medicine which is called Rasa (andhi) Mezhugu 30 grs, in adult and 15 grs. for children as it is a factor of secondary thing. After the first treatment, no children came with relapse for second time.

**Table 1: Consolidated case reports of psoriasis treated**

S.No	Duration	Total Relapses	Active treatment in weeks	Signs and symptoms	Sites of infection extremities nails, toes, fingers, head and scalp	Prognosis during treatment	Dates treated	Result	Follow ups
1	3 Yr	2	4	Minute irregular patches from pin point to several inches.	General arthritis accompanied	Good	76	Cured	No
2	12 Yr	4	10			Good	71	Cured	Relapsed
3	0.5 Yr	4	6			Good	40	clinical discharge	cured
4	5 month	3	9	Circular in shape painful fissures in scalp		Good	63	cured	otherwise
5	2 month	1	15	extremities		Good	109	cured	clinically cured
6	3 year	1	9	s reddish lesions covered with silvery scales,		Good	63	cured	2 relapsed
7	9 year	9	2	palms and soles are also infected.		Good	14	cured	
8	15 day	1	4	Lesions		Good	28	cured	
9	4 month	1	7			Good	45	cured	
10	5 year	6	12			Good	82	cured	clinically cured

				are dry, at times oozing and pustular.					
11	10 year	8	26	Itching sensation spreading in character. Less secretion of oil and fat makes it dry.	Kahan positive	Good	178	cured	clinically 1 relapse
12	9 year	6	20			Good	140	cured	clinically 2 relapse
13	3 month	1	3			Good	16	cured	
14	5 year	4	23			Fair	discharge	otherwise	
15	6 year	5	13			Fair	79	cured	clinically
16	8 month	1	9			Good	64	2 relapses	cured
17	5 year	4	1			Not good	3	discharge	
18	3 month	1	6			Not good	37	cured	
19	2 year	1	6			Not good	41	cured	
20	3 year	1	8			Not good	53	cured	
21	2 year	1	11			Not good	73	cured	
22	2 month	-	9			Not good	60	cured	

23	6 year	5	19			Not good	132	cured clinically	
24	7 year	6	20			Not good	135	cured	clinically 2 relapses

**Table 2: Statement**

Group	Age	Sex	Total Cases	No. of IPD	Sex	OPD Total cases	Total studied cases	Total no. of cases
1	0-10 yr	Male	0		M-6		M-6	
		Female	1	1	F-5	11	F-6	12
2	11-20 yr	Male	1		M-8		M-9	
		Female	4	5	F-4	12	F-8	17
3	21-40 yr	Male	10		M-36		M-46	
		Female	3	13	F-9	45	F-12	56
4	41-60 yr	Male	2		M-16		M-18	
		Female	3	5	F-9	25	F-12	30
5	61 and above	Male	0		M-1		M-1	
		Female	0	0	F-0	1	F-0	1

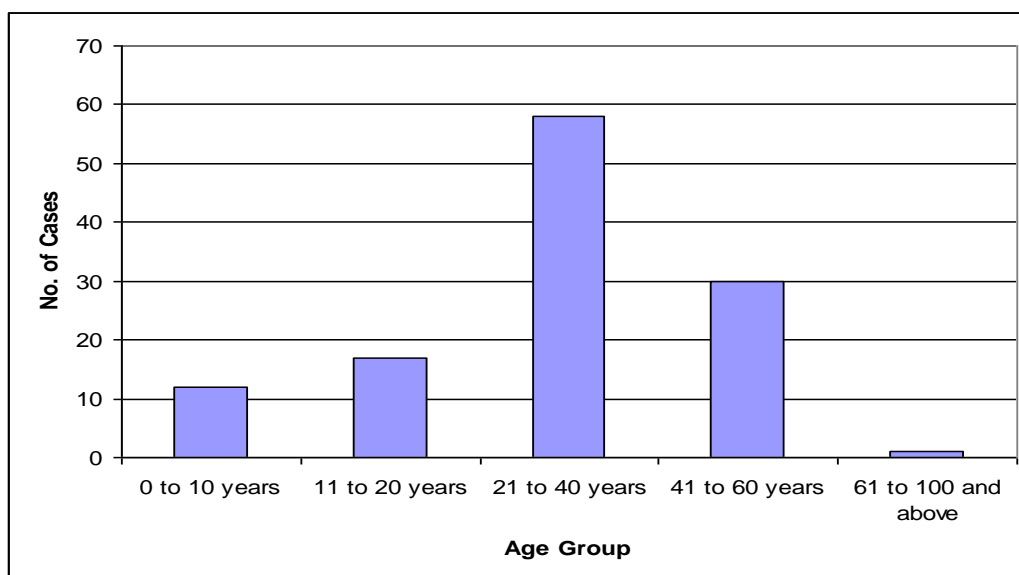
- IPD Cases = 24
- OPD Cases - 94

- Total Cases = 118

**PSORIASIS AND SIDDHA MEDICINES - OBSERVATIONS**

*Table 3: Showing age distribution of patients*

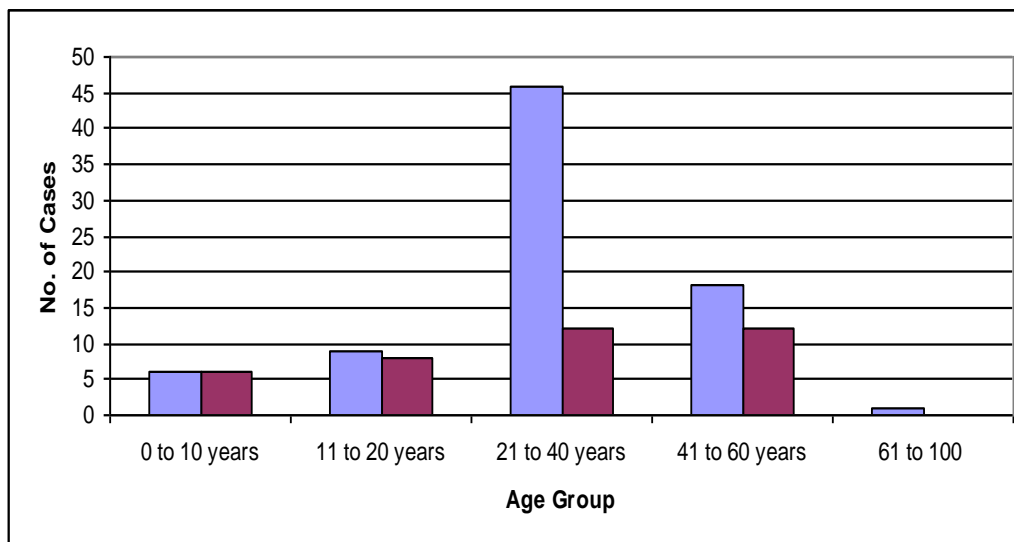
Sr. No.	Grouping of Age	No. of cases
1	0 to 10 years	12
2	11 to 20 years	17
3	21 to 40 years	58
4	41 to 60 years	30
5	61 to 100 and above	1
	<b>Total</b>	<b>118</b>



*Table 4: showing distribution of male / female*

Sr. No.	Grouping of Age	Male	Female
1	0 to 10 years	6	6
2	11 to 20 years	9	8
3	21 to 40 years	46	12
4	41 to 60 years	18	12

5	61 to 100	1	0
	<b>Total</b>	<b>80</b>	<b>38</b>



**Table 5: showing response to treatment**

S. N.	Group Age	Sex	Cured	Not cured
1	0 to 10 years	6M	Cured	A few cases which were not able to continues the treatment were not cured.
		6 F	All signs and symptoms	
2	11 to 20 years	9M	Cured and no relapses	
3	21 to 40 years	46M	Clinically cured	
4	41 to 60 years	1M 0 F	Cured and no relapse	

**Table 6: showing the average days treated**

Sr. No.	Grouping of Age	Average days treated
1	0 to 10 years	Max. 76 days
2	11 to 20 years	Min. 5 days

3	21 to 40 years	Ave. 66 days
4	41 to 60 years	-
5	61 to 100	-

## SUMMARY

**Sex:** It is common in male than female but both the sexes are susceptible to the disease.

**Age:** It is common in all ages but majority of the sufferers are between 20 to 40 years.

### Sites of infection

Generally in extensor surfaces, extremities, trunk, scalps, head and face, gluteal region, axillae and earlobes are the most susceptible areas of infection. Nails, back, genitals are also infected at times. In few cases, soles and palms are also infected.

### The duration of the cases treated

The duration from 21 to 40 years was 50% and 0 to 10 years about 10% 41 to 60 years cases were 26% and below six months, 14% Even the response is much better in 1 years than the other cases. Average days treated are 66 days in O.P. D. and in I. P.D 56 days.

### Relapses

Majority of the relapses are within 1 year's interval. After seven relapses it never disappears from body & the patches become persistent without any change.

Periodical relapses are very common. This is really a relapsing disease. They may be taken as seasonal attacks. Climate changes also act as causes but vague.

### Signs and Symptoms

In majority of cases the signs & symptoms present were 1) Dry scaly patches, 2) Itching sensation, 3) Circular lesion, 4) From pin point to various sizes, 5) Different shapes and sizes all over the body except soles and palms, 6) Lesions are spreading in character 7) But it disappears after some time, 8) It may be taken as a seasonal disease but the relapses are within 1 year's interval, 9) It becomes permanent without disappearance after the 6th or 7th attack. Even in the chronic Psoriasis the medicine acts wonderfully.

## RESULTS

In relation with the standardization of dose, it is very well inferred that the dose of 50grs. in 10z of butter is much more effective than 25 grs. and produces good results. The average period of treatment is also much less and an expert can bring complete relief on 19th days, if the treatment is properly done without any break in the middle.

## CONCLUSION

All the 118 cases were attempted for treatment. Out of them only 98 cases were regular, rest went in the middle. We found satisfactory results in trial. In conclusion it is decided that the medicine “Chandamarutham” is the effective drug.

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