



Research Article

ROLE OF CAKRAMARDA BIJA (CASSIA TORA LINN) ON DADRU KUSHTA: A RANDOMIZED CONTROLLED GROUP TRIAL

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ABSTRACT

In *Ayurveda* all the skin disease considered in *Kushta*. Which are further categorised in to *Maha Kushta* and *Kshudra Kushta*. *Kushta* is produced invariably by the vitiation of the seven factors i.e. 3 *Dosha* and 4 *Dushya*. When the vitiated *Dosha* provoke the four body elements and if this derangement of seven *Dravya* is not cared to, a disease is formed inside the body which manifests itself on outermost part of the body. *Acarya Caraka* has depicted *Dadru* as a *Kshudra Kushta*. As per it's definition, the reddish coloured *Pidika* in the form of *Mandala* with elevated borders and itching is known as *Dadru*. The object was to assess the *Vishaghna*, *Dadrughna*, *Kushtaghna* effect of '*Cakramarda Bija Curna* in the management of *Dadru Kushta*.

**Material and methods:** For the present study 80 patients of *Dadru* were registered and randomly divided into following 2 groups. **Group A:** In this group, *Edagajadi Lepa* for the local application with *Kanji* and *Cakramarda Bija Curna* as an internal use. 40 patients were enrolled in this group out of which 6 patients dropped out and only 34 patients completed the trial. **Group B:** *Edagajadi lepa* for the local application with *Kanji* 40 patients were enrolled in this group out of which 4 patients dropped and only 36 patients completed the trial. **Statistical analysis used:** Data analysis of non-parametric variables by using Wilcoxon matched paired test. **Results:** In both group maximum relief observed in symptoms as *Kandu*, *Visarpana* on body, *Visarpana* on lesion and *Raga*. **Conclusion:** On conducting the clinical study it was concluded that both trial drugs are effective in the management of *Dadru*.

**KEYWORDS:** *Kushta*, *Dadru*, *Cakramarda*, *Cassia tora Linn*.

INTRODUCTION

All the skin diseases in *Ayurveda* have been classified under the broad heading of *Kushta*. Which are further categorized in to *Maha Kushta* and *Kshudra Kushta*. *Dadru Kushta* is a type of *Kushta* that comes under both due to its quick invading nature.<sup>[1]</sup> In broad sense *Kushta* is the one, which causes vitiation as well as discoloration of the skin.<sup>[2]</sup>

*Acarya Caraka* has depicted *Dadru* as a *Kshudra Kushta*. As per it's definition, the reddish coloured *Pidika* in the form of *Mandala* with elevated borders and itching is known as *Dadru*.<sup>[3]</sup>

Ingestion of food which taken untimely, excessive quantity, unwholesome and *Vishama* is called *Mithya Ahara*. *Mithya Ahara* is main causative factor of *Mandagni*. Due to *Mandagni Ahara* does not digested properly. So, *Mandagni* leading to production of *Ama*. Then *Ama* undergoes putrefication and *Amavisha* is produced. So along with *Kushta*, other diseases which can be formed due to *Ama* and *Amavisha*.

Actions which are not bearable to the individual are called *Mithya Vihara*<sup>[4]</sup> i.e. *Vega Vidharana*, *Vyayama* after *Snigdha Bhojana*, *DivaSayana* etc. The *Karma* which is against the principles of *Sadavrta* is called *Mithya Acara*. *Papakarma* is the main etiological factor mentioned by *Acarya* for *Kushta*.

*Dadru* is very tenacious in nature, hence they should be treated continuously at least up to three months otherwise relapses are very common. On the basis of

presenting symptomatology most of the scholars have simulated *Dadru* with 'Dermatophytoses' through modern perspective it comes under 'Superficial fungal infections of the skin' the most common dermatological manifestation affecting up to 15% of world's populations in all age group.

The object was to assess the *Vishaghna*, *Dadrughna*, *Kushtaghna* effect of '*Cakramarda Bija Curna* in the management of *Dadru Kushta*. *Dadru* is purely *Kaphaja* Phenomenon. *Acarya Susruta* has mentioned the treatment as *Lepana*, which is a type of *Sodhana*, because external applications form the best way to treat *Kushta*. Furthermore *Acarya Caraka* has described *Lepana* as '*Sadhya Siddhi Karaka*'. Application of *Lepa* enters in to *Romakupa* and further gets absorbed through *Svedavahi Srotasa* and *Siramukha* leading to desired effects. This method of rubbing increases the skin temperature which might be hastening the pilosebaceous uptake and skin permeation of the drug in topical formulation.

*Cakramarda* (*Cassia tora*) is well known *Kushtaghna*, *Kandughna*, *Dadrughna*. It is said to be good in *Gulma*, *Kasa*, *Krimi* and *Svasa*. The causative factor of *Amavisha* is *Mithya Ahara* and *Mithya Acara*. *Cakramarda* breaks the pathogenesis of *Dadru* due to its *Vishhghna* property. This compound when topically applied as an ointment was found to be effective in ringworm. Hence *Edagajadi Lepa*<sup>[5]</sup> a combination of five drugs i.e. *Cakramarda*, *Kushta*, *Saindhava*, *Sarshapa*, *Vayavinaga* and *Sauvira* is selected here for research purpose. The base like

*Kanji* possesses very different properties like *Ushna*, *Tikshna*, *Visada* properties. Only those drugs are selected for the formulation of '*Edagajadi Lepa*' which having *Sodhana* property as well as which are mentioned repeatedly in the classics in respect with the treatment of *Kushta*.

#### Mode of action of drugs

All the contents of *Edagajadi Lepa* having *Sodhana* property and *Kaphavatahara* property. *Dadru* is *Kapha* dominance disease so all contains of *Lepa* is reduced *Kapha Dosha* and relief in disease. *Cakramarda* is well known *Kushtaghna*, *Kandughna*, *Dadrughna*.

*Laghu*, *Ruksha* and *Tikshna Guna* properties of *Edagajadi Lepa* remove the obstruction in the *Svedavahi Srotasa* and allows the toxins localized out through the *Sveda*, thus clearing out the micro channels.

The causative factor of *Dadru* is *Amavisha* and *Cakramarda* breaks the pathogenesis of *Dadru* due to its *Vishaghna* property or *Laghu*, *Ruksha Guna* and *Ushna Virya*.

*Kandu* is present due to *Kapha Dosha*. *Ushnata*, *Laghuta* and *Rukshta* of *Cakramarda* is antagonist of *Sitata*, *Guruta* and *Picchilata* of *Kapha* and decreases *Kandu*. *Cakramarda* is also *Kaphavatahara* property.

*Kapha Dosha* usually causes *Kandu* and *Pidika*. These *Rasapancaka* of *Edagajadi Lepa* help in eliminating *Kandu* and *Pidika* due *Kaphavatahara* property.

*Rakta Sodhaka* drug *Kushta* controls the vitiated *Pitta Dosha*. The *Laghu*, *Ruksha* and *Tikshna Guna* of drugs facilitate in combating *Ama Dosha* and caused *Koshtha Suddhi*. Thereby *Rogamarga* is purified.

*Snigdha* and *Sukshma Guna* of *Saindhava* decrease the dryness of lesion and increase absorption of drugs. Due to *Sukshma Guna* drug penetrate in to deeper *Srotasa* and dissolved *Samga*. *Raga*, *Pidika*, *Mandala* were reduced significantly because of the *Varnya* and *Rakta Sodhaka* properties of the drug.

#### MATERIAL AND METHODS

This work is approved by Institutional Ethics Committee, National Institute of Ayurveda vide letter no. IEC/ACA/2015/75, dated 21<sup>st</sup> May 2015.

The patients for the clinical study were selected from O.P.D. and I.P.D. of NIA Arogyasala Hospital, *Roga Nidana Evam Vikrti Vijnana* department. Selection was carried out on the basis of relevant history, signs and symptoms of *Dadru* as mentioned in Ayurveda texts.

Total 80 patients were enrolled for the present study, out of which 10 patients discontinued the treatment during the course of trial. They were dropped out from the study, so 70 patients had completed the trial. For the present study 80 patients of *Dadru* were registered and randomly divided into following 2 groups.

**Group A:** In this group, *Edagajadi Lepa* for the local application with *Kanji* and *Cakramarda Bija Curna* as an internal use. 40 patients were enrolled in this group out of which 6 patients dropped out and only 34 patients completed the trial.

#### Edagajadi Lepa

Dosage- According area of involvement by the disease twice daily

Duration- 6 weeks

#### Cakramarda Bija Curna

Dosage- 1 gram twice daily

Duration- 6 weeks

*Anupana*- Luke warm water.

**Group B:** In this group, *Edagajadi Lepa* for the local application with *Kanji* 40 patients were enrolled in this group out of which 4 patients dropped and only 36 patients completed the trial.

Dosage- According area of involvement by the disease twice daily.

Duration- 6 weeks

The patients of both groups will be instructed about *Pathya- Apathya* as mentioned in the classical texts. Assessment was done every 15 days during the entire study period. Affected area assessment by photography 0 day, 15 day, 30 day and 45 day of treatment.

#### AIMS AND OBJECTIVE

To assess the role of external application of '*Edagajadi Lepa*' and internal use of '*Cakramarda Bija Curna*' in the management of *Dadru Kushta*.

#### Criteria for the selection of the patient

##### Inclusion Criteria

- Patient with the classical sign and symptoms of *Dadru Kushta* viz., *Kandu*, *Ruja*, *Mandala* and *Pidika*.
- Patients 18 years to 70 years of age were included.
- Patients belonging to either gender were included.

##### Exclusion Criteria

- The patient suffering from systemic disorders (e.g. DM, HIV etc.) will be excluded.
- The pregnant women and lactating mother will be excluded.
- Patients less than 18 yrs and above 70 yrs of age will be excluded.

#### Assessment criteria

**(a) Subjective parameters:** On the basis of Ayurved classical signs and symptoms of *Dadru* were considered under subjective parameters and assessment the overall effect of therapies a special scoring method was adopted as follows.

##### 1. Kandu Score

No Itching	: 0
Mild Itching	: 1
Moderate Itching	: 2
Severe Itching	: 3

##### 2. Raga Score

Normal skin colour	: 0
Faint normal	: 1
Blanching + Red colour	: 2
Red colour	: 3

##### 3. Ruja Score

No pain	: 0
Mild pain	: 1
Moderate pain	: 2
Severe pain	: 3

#### 4. Visarpana (Spreading)

##### (a) On body Score

<i>Avisarpana</i>	: 0
<i>Adhah to Urdhva</i> or <i>Urdhva to Adhah</i>	: 1
<i>Sakha to Madhya Sarira</i> or <i>Madhya Sarira to Sakha</i>	: 2
Whole body	: 3

##### (b) On lesion Score

No Spreading	: 0
Slow Spreading	: 1
Medium Spreading	: 2
Fast Spreading	: 3

#### 5. Tamra Varna Score

Normal Skin Colour	: 0
Light Red Brown Colour	: 1
Black Colour	: 2
Red Brown ( <i>Tamra Varna</i> )	: 3

#### 6. Atasi Pushpa Varna Score

Normal Skin Colour	: 0
Reddish Colour	: 1
White Colour	: 2
Bluish White Colour ( <i>Atasi Pushpa Varna</i> )	: 3

#### (b) Objective parameter

##### 1. No of Mandala Score

No Mandala	: 0
1 to 3 Mandala	: 1
4 to 6 Mandala	: 2
More than 6 Mandala	: 3

##### 2. Size of Mandala Score

Less than 5 cm	: 1
5 to 10 cm	: 2
More than 10 cm	: 3

##### 3. No of Pidika on lesion Score

No Pidika	: 0
1 to 3 Pidika	: 1
4 to 6 Pidika	: 2
More than 6 Pidika	: 3

#### OBSERVATION AND RESULTS

##### Demographic profile

##### Incidence of Age

In this study Maximum affected person belong to middle age group. This age group golden period for individuals at work when mental stress and other exposure i.e. occupational, environmental, unwholesome food were more, which are etiological factors for *Kushta*. This age group have majority chance for *Dadru* due to their occupation, contact activities and other exposures.

According to *Caraka* this age group is considered in *Bala* and *Kapha Dosha* is dominance. *Dadru Kushta* is also *Kaphaja* phenomena so; Incidence of disease is mainly present in this age group.

##### Incidence of Gender

In present study majority of patients were male i.e. 73.75% and 26.25% were female. Gender has no direct relation with *Dadru*, probable reason may be because of scrotal anatomy and this predominance may be because of moistness in the area. Male have more incidence due to nature of work, contact with polluted environment.

##### Incidence of Marital status

In this study, majority of patients 51.25% were unmarried and 48.75% patients were married. But it cannot be say that unmarried person have more chance of the disease.

##### Incidence of Education

In this study Maximum affected person was graduate. Probable reason may be that educated society are more modernized and lead a hard and fast life, so due to carelessness, their dietary practice may be faulty and that leads to the disease like *Dadru*. That means only the unhygienic living condition is not the main cause, but the contagious nature of *Dadru*, also contribute up to some extent because the graduate are not that much careless about hygiene.

##### Incidence of Economic status

In this study Maximum affected person belong to middle Economic status. It indicates that middle class person's visit this hospital more as maximum locality in this region is covered by middle class people and middle class people are suffering more with stress and strain and that may be the probable flair up or aggravating cause of *Dadru*.

##### Incidence of Occupation

In this study it has been observed that incidence of disease is maximum 43.75% patients in student group. Probable reason may be that nature of work of student is sitting so, sweat in inguinal reason in excessive is cause of *Dadru*. Student not takes regularly and timely diet and it was also found that student taken fast food. Student has more stress for study. Labour, Farmer works with chemical or other allergens, which may produce irritation and manifestation of *Dadru*.

##### Incidence of Addiction

The maximum number of patients was addicted towards tea, which cause *Agnimandhya* that leads to *Ama Utpatti* that is cause of *Kushta Roga*.

##### Incidence of Diet

Maximum 57.5% patients were vegetarian and rest 42.5% patients were mix diet consumer. This may be due to increased consumption of veg. foods in the particular area. Amongst them the irregular food habits, wrong combination of food may be the contributory factor for occurrence of *Dadru* or *Kushta*. While non-veg diet contributes to *Rakta Dushti*, major group of vegetarians uses curd injudiciously which can lead to *Raktha Dushti*. Non-vegetarian are more prone to disease but in present study vegetarian incidence maximum. The reason may be the place of study wherein maximum patients were vegetarian.

##### Incidence of Family history

In this study, 51.25% patients had positive family history of skin disease. *Acarya Susruta* described *Kushta* is the *Anuvan Sika Roga*. *Dadru* is contagious in nature so positive family is main cause of *Dadru* due to contact or sharing cloths etc. of affected person.

##### Incidence of Drug history

In present study majority of patients 58.75% had received the Allopathy treatment. Maximum patients take

steroid drugs so patients were chronic and multiple drugs resistant. Result reveals that the *Dadru* is very tenacious in nature, hence they should be treated continuously at least up to three months otherwise relapses are very common. When the patients follow the *Pathya-Apathya* laid in the classics regularly. There will not be any chance of recurrence of the disease. But if the patients take indulge in irregular regimens, the disease may produce again.

#### Incidence of Emotional status

Symptoms of *Kushta* will increase on increased mental stress. Mental tension, anxiety, depression etc. psychological factors cause sympathetic nerve stimulation, which may produce *Agnimandhya*, *Rakta Dushti* and ultimately aggravation of pathological state Emotional conflicts are among main etiological factor for skin manifestation.

#### Incidence of Dominant Rasa

Majority of patients 53.75% were consuming *Amla Rasa*, 25.0% patients were consuming *Lavana Rasa* and 21.25% patients were consuming *Madhura Rasa*. This clearly shows the vitiation of *Pitta* and *Kapha Dosha* in the subjects selected for the study. *Madhura*, *Amla* and *Lavana Rasa* in higher incidence may aggravate *Snigdha*, *Ushna Guna* and *Kha-vaigunya* in skin and also it is *Raktapitta Prakopaka*. *Madhura Rasa* in excessive quantity may provoke the *Kapha* and *Rasa Dushti* may have triggered *Dadru* and *Kandu*. Excessive *Lavana* is prime cause for *Kushta*.

#### Incidence of Dietary habit

In this study maximum 67.5% patients were habituated to *Kalabhajana*. 21.25% patients were habituated to *Akalabhajana*. 6.25% patients habituated to *Vishamasana*. 5.0% patients habituated to *Adhyasana*. *Akalabhajana*, *Vishamasana*, *Adhyasana* may cause to *Agnimandhya*, *Dhatu Dushti* and *Srotodushti* which lead to *Dadru*.

#### Incidence of Bowel

Maximum 78.75% patients having regular bowel habits. 17.5% and 3.75% patients having irregular and

constipation bowel habits respectively. Constipation might be one of causative factors of *Kushta* as it vitiates *Agni*, creates *Ama Utpatti* and *Rakta Dushti*.

#### Incidence of Saririka Prakrti

In present study maximum 56.25% patients belonging *VP Prakrti*. 37.5% patients were belonging *PK Prakrti* and 6.25% patients belonging *VK Prakrti*. This is possible because *Kushta* is a *Tridoshaja* disorder. Role of *Vata* is maximum observed *Kapha* and *Pitta*.

#### Incidence of Manasika Prakrti

Maximum 63.75% patients were belonging *Rajasika Prakrti*. 30.0% and 6.25% patients were belonging *Tamasika* and *Satvika Prakrti* respectively.

#### Incidence of Onset

Majority of patients 98.75% were having gradual onset. *Dadru* started with slight itching or mild irritation and the negligence lead to further aggravation of the disease.

#### Incidence of Sharing cloths etc.

In this study maximum 90.0% patients were sharing cloths, towel etc. *Dadru* is contagious in nature so sharing cloths etc. is main cause of *Dadru*.

#### Incidence of contact with affected person

Maximum 57.5% patients were contact with affected part of person. This is due to contagious nature of *Dadru*.

#### Incidence of use wet cloths

In this study, maximum 92.5% patient's not used wet cloths and 7.5% patients used wet cloths. *Dadru* is fungal infection and moistness area is favourable for fungus growth.

#### Incidence of duration of disease

In present study, maximum 34.2% patients were found in Duration of disease of 2-6 months. The chronicity was due to pure negligence of the patients because *Dadru* is not much harmful and recurrence nature on disease.

**Table 1: Effect of therapy on *Kandu* in both groups**

Group	No. of patients	Mean		Diff.	% Relief	S.D.	S.E.	P
		B.T.	A.T.					
A	34	2.58	0.47	2.11	81.78%	0.64	0.10	< 0.0001
B	36	2.44	0.97	1.47	60.24%	0.84	0.14	< 0.0001

In both Group result was statistically extremely significant. Thus better result was obtained in Group A than Group B.

**Table 2: Effect of therapy on *Ruja* in both groups**

Group	No. of patients	Mean		Diff.	% Relief	S.D.	S.E.	P
		B.T.	A.T.					
A	34	0.17	0.05	0.11	64.70%	0.32	0.05	0.1250
B	36	0.11	0.05	0.05	45.45%	0.33	0.05	0.3750

In both Groups result was statistically not significant. Thus better result was obtained in Group A than Group B.

**Table 3: Effect of therapy on *Raga* in both groups**

Group	No. of patients	Mean		Diff.	% Relief	S.D.	S.E.	P
		B.T.	A.T.					
A	34	2.38	1.88	0.50	21.00%	0.50	0.08	< 0.0001
B	36	2.55	1.58	0.97	38.03%	0.97	0.16	< 0.0001

In both Group result was statistically extremely significant. Thus better result was obtained in Group B than Group A.

**Table 4: Effect of therapy on number of Mandala in both groups**

Group	No. of patients	Mean		Diff.	% Relief	S.D.	S.E.	P
		B.T.	A.T.					
A	34	2.08	1.82	0.26	12.5%	0.51	0.08	0.0078
B	36	2.11	1.72	0.38	18.00%	1.05	0.17	0.0335

In Group A result was statistically very significant and in Group B result was statistically significant. Thus better result was obtained in Group B than Group A

**Table 5: Effect of therapy on size of Mandala in both groups**

Group	No. of patients	Mean		Diff.	% Relief	S.D.	S.E.	P
		B.T.	A.T.					
A	34	2.08	1.76	0.32	15.38%	0.53	0.09	0.0046
B	36	2.11	1.83	0.27	12.79%	0.65	0.10	0.0269

In Group A, result was statistically very significant and in Group B, result was statistically significant. Thus better result was obtained in Group B than Group A

**Table 6: Effect of therapy on Pidika in both groups**

Group	No. of patients	Mean		Diff.	% Relief	S.D.	S.E.	P
		B.T.	A.T.					
A	34	2.91	2.38	0.52	17.86%	0.96	0.16	0.0020
B	36	2.11	1.55	0.55	26.06%	1.31	0.21	0.0181

In Group A result was statistically very significant and in Group B result was statistically significant. Thus better result was obtained in Group B than Group A.

**Table 7: Effect of therapy on Visarpana on body in both groups**

Group	No. of patients	Mean		Diff.	% Relief	S.D.	S.E.	P
		B.T.	A.T.					
A	34	0.41	0.05	0.35	85.36%	0.64	0.11	0.0039
B	36	0.41	0.05	0.36	87.80%	0.68	0.11	0.0039

In both Group result was statistically very significant. Thus better result was obtained in Group B than Group A.

**Table 8: Effect of therapy on Visarpana on lesion in both groups**

Group	No. of patients	Mean		Diff.	% Relief	S.D.	S.E.	P
		B.T.	A.T.					
A	34	2.26	0.02	2.23	98.67%	0.60	0.10	< 0.0001
B	36	2.27	0.19	2.08	91.62%	0.69	0.11	< 0.0001

In both Group result was statistically extremely significant. Thus better result was obtained in Group A than Group B.

**Table 9: Effect of therapy on Tamra varna in both groups**

Group	No. of patients	Mean		Diff.	% Relief	S.D.	S.E.	P
		B.T.	A.T.					
A	34	2.55	0.85	1.70	66.66%	0.90	0.15	< 0.0001
B	36	2.83	0.86	1.97	69.61%	0.77	0.12	< 0.0001

In both Group result was statistically extremely significant. Thus better result was obtained in Group B than Group A.

**Table 10: Effect of therapy on Atasi Pushpa varna in both groups**

Group	No. of patients	Mean		Diff.	% Relief	S.D.	S.E.	P
		B.T.	A.T.					
A	34	1.71	0.76	0.95	55.55%	1.11	0.24	0.0012
B	36	1.70	1.30	0.40	23.52%	1.26	0.40	0.3750

In Group A result was statistically very significant and in Group B result was statistically not significant. Thus better result was obtained in Group A than Group B.

**Table 11: Comparison Relief % in Subjective parameters in both Groups**

Subjective parameters	Relief % in Group A	Relief % in Group B
Kandu	81.78%	60.24%
Ruja	64.70%	45.45%
Raga	21.0%	38.03%
No. of Mandala	12.5%	18.0%
Size of Mandala	15.38%	12.79%
Pidika	17.86%	26.06%
Visarpana on body	85.36%	87.80%
Visarpana on lesion	98.67%	91.62%
Tamra varna	66.66%	69.61%
Atasi Pushpa varna	55.55%	23.52%

**Table 12: Total effect of the therapy in both groups**

Result	Group-A		Group-B		Total	
	No.	%	No.	%	No.	%
Complete remission (75 – 100%)	11	32.35%	9	25.0%	20	28.57%
Moderate improvement (50 – 75%)	14	41.17%	16	44.44%	30	42.85%
Mild improvement (25 – 50%)	8	23.52%	9	25.0%	17	24.28%
Uncured (<25%)	1	2.94%	2	5.55%	3	4.28%

**Discussion on effect of therapy****Kandu**

*Kandu* is present due to *Kapha Dosha* and *Rasa, Rakta Dhatus Dushti*. *Cakramarda* is well known *Kushtaghna, Kandughna, Dadrughna, Ushnata, Laghuta* and *Rukshata* of *Cakramarda* is antagonist of *Sitata, Guruta* and *Picchilata* of *Kapha* and decreases *Kandu*. *Cakarmarda* is also *Kaphavatahara* property. *Edagajadi Lepa* also have *Rakta Sodhaka* and *Kaphavatahara* property.

**Ruja**

*Vata* is the responsible factor for *Ruja*. *Cakarmarda* has *Ushna Virya* and *Kaphavatahara* property so, it reduce the *Vata Dosha*. Due to *Laghu, Ruksha, Ushna, Tikshna* and *Dipana Pacana* property of *Lepa* have *Srotomukha Visodhana* property reduce *Ruja*.

**Raga**

*Raga* is present due to *Pitta Dosha* and *Rakta Dhatu Dushti*. *Raga* has reduced significantly because of the *Varnya* and *Rakta Sodhaka* properties of the drugs.

**Pidika**

*Pidika* is due to *Pitta Dosha* and *Rakta, Mamsa Dhatu Dushti*. From the above result it may be hypothesized that *Cakarmarda* due to *Laghu Guna* and *Ushna Virya* reduced *Pidika*. *Lavana* have *Lekhana, Sodhana, Chedana* property. Due to *Rakta Sodhaka* property of *Edagajadi Lepa* reduce number of *Pidika*.

**Visarpana on body**

Due to *Dadrughna* property of drugs the frequency of the disease subsides either with intensity or area. *Visarpana* is due to *Rakta Dushti* and *Tikshnata* of *Pitta*. *Lepa* is useful in *Pitta* and *Rakta* dominance disease and reduce *Visarpana*.

**Visarpana on lesion**

Due to *Dadrughna* property of drugs the frequency of the disease subsides either with intensity or area. *Visarpana* is due to *Rakta Dushti* and *Tikshnata* of *Pitta*. *Lepa* is useful in *Pitta* and *Rakta* dominance disease and reduce *Visarpana*.

**Tamra varna**

*Raga* is present due to *Pitta Dosha* and *Rakta Dhatu Dushti*. *Raga* has reduced significantly because of the *Varnya* and *Rakta Sodhaka* properties of the drug.

**Atasi pushpa varna**

*Raga* is present due to *Pitta Dosha* and *Rakta Dhatu Dushti*. *Raga* has reduced significantly because of the *Varnya* and *Rakta Sodhaka* properties of the drug.

**CONCLUSION**

- *Dadru* is very tenacious in nature, hence a treatment schedule lasting continuously up to 3 months with proper diet is very necessary to avoid relapse.
- It has been found that *Cakramarda* which is having *Vishaghna, Kushtaghna, Dadrughna, Kandughna* property plays a very important role in reducing almost all the symptoms of *Dadru* like *Kandu, Mandala, Raga* and *Pidika*.
- It has been found that acute and chronic both conditions was able to get good results, so it can be considered as *Sadhya Vyadhi* only but proper hygiene and food habits should be maintained.
- On conducting the clinical study it was concluded that both trial drugs are effective in the management of *Dadru*.
- Local application is essential part in the management of *Kushta*.
- No side effects of drugs were noted. So both the trial drugs are safe.

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