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Effect of *Ayurvedic* medication in the management of *Darunaka* w. s. r. to dandruff (*pityriasis capitis*)—a single case study.

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ABSTRACT:

Introduction -According to Acharya Vagbhata and Sharangadhara Darunaka is kapalgata roga but Acharya Sushruta and other Acharya explained Darunaka disease under kshudrarogas. Due to vitiation of vata and kapha dosha in Darunaka vyadhi symptoms like kandu (itching), rukshata (dryness), twakasphutan (scaling), keshachyuti (hairfall) develop. Gadanigrahakara has mentioned application of Sarivadytaila in the management of Darunaka.

Aim and objective – to evaluate the efficacy of ayurvedic drug in the management of *Darunaka*.

Material and methods – A 20 years female patient came to opd kayachikitsa department of laxmanraokalaspurakar ayurveda with rugnalayayavatmal chief complaints of kandu2-3 times per hour, keshchyuti 80–100hair during washing combing of hair. rukshata. twakasphutana seen over hair and sometime over shoulder since 6 months. in this *case ayurvedic* formulation of *arogyavardhinivati* 500 mg orally bd, *triphalakwatha Dhawan* twice in week, *sarivadyataila* locally once at night.

Result-the improvement provided by the therapy was assessed on the basis of sign and symptoms. The *keshchyuti, rukshta, twakasphutana* decreased by 75%, *kandu* decreased by 100%. Conclusion—Ayurvedic medication found safe and affective in controlling sign and symptoms of *Darunaka*.

Keyword:

Sarivadyataila, Darunaka, pityriasis capitis, dandruff, triphalakwatha, arogyavardhinivati.

INTRODUCTION-

Ayurveda is one of the most ancient systems and holistic health science of life, health and care donated to humanity by the perfect Indian heritage. *Drunaka* is harmless causing no pain but lower self confidence and leads to

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psychological stress. According to acharya Vagbhata and Sharangadhara Darunaka is kapalgataroga but acharya Sushruta and other Acharya explained Darunaka disease under kshudrarogas. In ayurveda the nearest correlation of dandruff (pityriasis capitis) seborrheic dermatitis can be made with Darunaka. The world wide prevalence of seborrheic dermatitis is around 5% but the prevalence of its non inflammatory variant dandruff (pityriasis capitis) is around 50% in general population.

Now a days pollution is increased and due to busy life style people are taking fast food like aahar and improper vihar, many of young peoples are applying chemicals over scalp to styling the hair and these people not applying proper hair oil etc. causing icidance of Darunaka with symptoms like kandu, rukshata, twaksputan, kesh-chyuti etc. due to vitiation of vata and kapha dosha. Till now there is no definite cause and solution for the disease. So there is need to find effective and safe treatment of Darunaka.

Gadanigrahakara mentioned has application of Sarivadyataila in the management of Darunaka. There are various yogas(such as ,shiroabhyanga, keshadhavan, shirobasti etc.) are explain in ayurveda for the of management Darunaka. Shiroabhyanga is the procedure adopted by Ayurveda, which is effectively proven therapy not only for Darunaka but also many other shiro-rogas. This procedure is simple and easy. Shiroabhyangcan be employed everybody with proper easy method without any complication. So in this study sarivadyatailashiroabhyanga is given for once in day at night one hour before to sleep.

AIM AND OBJECTIVES:

To evaluate the efficacy of *ayurvedic* drug (sarivadya tail locally, Arogyavardhinivati orally and *triphala kwath* local wash) in the management of *Darunaka* (dandruff).

Secondary objective -to study details about *sarivadya tail* and classical view of *Darunaka*

MATERIAL AND METHODS METHODS

 Methods adopted for this study is single case study. Single blind method.

<u>Type</u> -Prospectivestudy, Singlecasestudy, clinical controlled study Place – PG Department of kayachiktsa Laxmanrao Kalaspurakar Avurved Yavatmal. affiliated with College, D.M.M, Ayurved College, Yavatmal Duration -One month drug intervention and after that one month follow up. Selection of patient –Cases with classical sign and symptoms of Darunaka were considerd

Kandu (itching)
Twaksputana (scaling of skin)
Rukshata (dryness of scalp)
Keshchyuti (hair fall)

MATERIALS

- Brihatrayee,
 laghutrayeesamhitas, various
 articles and journals, gadanigrah
 and rasshastriya books were
 referred for this study.
- Required drug material are as in table no. 5

CASE REPORT-

Pt name – xyz, Address –
 Pritvirajnagar, Near Wanawasi
 Maruti Mandir, Arni Road,
 Yavatmal, Desh – Sadharan,

C.R. no. – 24354, OPD No. – 506867, Occupation – student, Weight – 50 kg, Religion – budhdhist

- A 20 years female patient came to opd of kayachikitsa department of 1. *Kayurvedrugnalaya*, *Yavatmal* with chief complaints of hair fall (100 120 hair per day during washing and combing hair) severe in nature (At present) and moderate (50 to 60 hair per day) in nature since six months, having continues scalp itching (3 to 4 times per hour) since six month, scaling is present (sometimes scaling visible over shoulder) since six months, dryness of hair and scalp is also present.
- Past history history of bronchitis in every year in December month since 5 year.
- Family history- matrukul:grandmother and grandfather was known case of asthma, Pitrukuland Swakul is not significant
- Treatment history :- coconut oil with *bhringraj* oil
- Personal history :- not significant
- Diet :- vegetarian
- *Nidra* :- *Samyak* 7-8 hr at night and 1-2 hr at day time occasionally

GENERAL EXAMINATION

Pulse – 80/min regular ,B.P. – 110/80 mm of hg, Temp – afebrile

GRADATION OF DANDRUFF

SYSTEMIC EXAMINATION

RS – AEBE Clear, CVS – S1S2 Audible normal ,CNS – conscious oriented

ASHTAVIDH PARIKASHAN

Nadi — 80/Min, Mala — 1 Veg / Day Samyak, Mutra — Samyak 3-4 Times Per Day, Jivha — Niram, Shabd — Spashta, Sparsha — Anushna, Drika — Prakrut, Akruti — Madhyam

DASHAVIDHA PARIKSHA

- Prakruti Sharirik Kaphapittaj
 , Manasik Rajasic
- Vikruti Hair Fall,
- Sara Rasa, Rakta , Mansa, Samhanan – Madhyam,
- *Satwa Madhyam*,
- 🌘 🤂 Satmya Shadrassatmya,
- Praman Madhyam,
- Aharshakti Madhyam,
- Vyayamshakti Pravar, Vaya –
 Madhyam
- About Kesh
- Kesh Varna Krushna, Kesh Akruti – Curled, Kesh Swabhav – Ruksha,
- Kesh Shuchi Shampoo
- About Kesh-Bhumi
- Kesh Bhumi Kandu, Rukshata, Kesh-Patan, Keshbhumi Varna – Shweta

Affected *kesh bhumi-* all over scalp.

TWAK SPUTAN (SCALING / CRACKLING OF SKIN) (17,23,25.26) (grade table n0. 1)

Grade 0 (G 0)	No scaling (absent)
Grade 1 (G 1)	Scaling absent during combing of hairs but seen over the scalp only after thorough examination of hairs or scaling <1/4 th part usually on vertex (visible inside the hair) – mild
Grade 2 (G 2)	Scaling seen only at the time of combing or scaling is more than 1/2 part (visible over the hair) – moderate
Grade 3 (G 3)	Scaling seen at the time of combing and also at other time or complete scaling (spread over the shoulder) – severe

KANDU(ITCHING) (19, 26) (table no. 2 gradation if itching)

Grade 0 (G 0)	No itching
Grade 1(G 1)	Itching only once or twice a day (occasionally / tolerable) - mild
Grade 2 (G 2)	Intermittent itching for more than 10 times a day (frequently / non tolerable but not disturb sleep) - moderate
Grade 3(G 3)	Itching continuous during day (constantly / disturb sleep and other activity) – severe

RUKSHATA (DRYNESS OF SCALP) (21, 23, 25) (table no. 3 gradaytion of rukshata)

Grade 0 (G 0)	Absent (no dryness)
Grade 1(G 1)	Negligible (dryness with rough skin) – mild
Grade 2 (G 2)	Without discomfort on scalp (dryness with scaling) - moderate
Grade 3(G 3)	With discomfort on scalp dryness with cracking) – severe

Grade 0 (G 0)	Absent (no hair fall i.e. upto 10 hair)
Grade 1 (G 1)	Hair fall after washing hair (10-20, occasionally) – mild
Grade 2 (G 2)	Hair fall during combing or washing of hair (20-30, moderate loss) – moderate
Grade 3 (G 3)	Hair fall at any time and also on touch or simple hand strength (numerous / maximum loss) – severe

KESHCHYUTI(HAIR FALL) (26,25) (table no. 4 gradation of keshachyuti)

Table no.5 treatment given

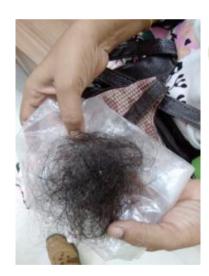
Sr	Drug	dose	Rout Frequency		Anupan	
no.						
1	Arogyavardhinivati	500 mg	Orally	Twice a	koshnajal	

							day	
2	Triphalakwatha	As p	er	Local	for	hair	Twice in	
		required		wash			week	
3	Sarivadyataila	5 ml		Local			Every	
							night	
							(1hr before	
							sleep)	

Before treatment

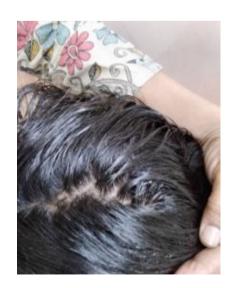








After treatment



OBSERV	'ATION	TABLE	(table no.	6)

Sr. No.	Assessment criteria	В. Т.	Follow up (in days)				A. T.	
			7	14	21	30	45	60
01	Kandu	G3	G2	G1	G0	G0	G0	G0
02	Kesha chyuti	G3	G2	G2	G1	G1	G1	G1
03	Rookshtha	G3	G1	G1	G0	G0	G0	G1
04	Twaksputana	G3	G2	G2	G2	G1	G1	G1

DISCUSSION-

Arogyavardhinivati 500 mg was given for one month as it is indicated in all rogas specially vaatkaphaj due to its action of agnidipan, proper ras dhatu formation, its main content kutaki eliminates dushta pitta and correct rakt dhatu. Triphalakwath was used for hair wash because its anti inflammatory and astringent action. Sarivadya tail contains the drug which is mainly vat and kaphaghna property and Darunaka mainly causing due to vitiation of vat and kapha dosha, so sarivadya tail is given for one month.

RESULT-

The improvement provided by the therapy was assessed on the basis of sign and symptoms. Keshchyuti decreased by 75% when complete the therapy for one month. Rukshata is decreased by 100 % when complete the therapy for one month. Kandu decreased by 100 %. Twaksphutan decreased by 75% when complete the treatment for one month. Complete the therapy for one month and after that follow up taken after one month keshachyuti, rukshata, then twaksphutan is seen decreased by upto 75% as Compare to before treatment, and 100% decreased in the itching of scalp after one month completion treatment as well as after one month follow up.

CONCLUSION-

This case report concludes that ayurvedic management with external and internal applied medicines i.e. arogyavardhinivati orally, triphalakwathdhavan(hair wash) and sarivadhya tail locally were found safe and effective in treatment of Darunaka and improves patient's quality of life. The ayurvedic management of Darunaka has a strong possibility to breakdown the pathogenesis of this disease.

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