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SARIVA SHANKHANABHI CHURNA: A TOPICAL DUSTING POWDER FOR DIAPER DERMATITIS

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ABSTRACT

Advanced technology and related facilities available for the skin care of infants have got their own advantages and disadvantages in the community health. Diaper dermatitis is one such condition which creates significant parental stress and discomfort in suffering child. Inspite of various emolients, barrier creams usage, incidence rate seems to be unaltered. *Sariva Shankhanabhi* dusting powder, named as per the ingredients in it, aims at symptomatic reduction intern decreasing the irritability in a child. Form of medication, easy administration, cost effectiveness and safety are of high concern while planning treatment. Hence the fine dusting powder was prepared using modern pharmaceutical equipments.

KEYWORDS: Diaper Dermatitis, Discomfort, Infants, Dusting Powder, Administration, Safety.

INTRODUCTION

Ahiputana is one among the diseases mentioned in an asset of Kshudra Rogas by Acharya Susruta, [1] specially seen in children as per Vriddha and Laghu Vagbhata. [2] The particular disease represents the local inflammatory response in the diaper area due to excess sweating, inadequate cleaning, local irritation by diaper, urine or feces etc. Immature and tender skin texture of an infant shows susceptibility towards various diseases, one such is Diaper dermatitis. According to Acharya Harita, [3] how the poison of a serpent even in smaller quantity is powerful or sufficient enough to kill a person, similarly a Sookshma or Kshudra Roga acts as an enemy to the Shareera just like a minute spark which can kindle or destroy everything. This indirectly gives a hint, not to ignore the disease thinking it as less severe and to treat it as early as possible effectively. Hence, a classically described formulation Sariva Shankhanabhi Churna was selected. This article explores the methodology adopted for the preparation of the compound.

Materials and Method Ingredients of the formulation:

- 1. Sariva
- 2. Shankhanabhi

Sariva^[1] (Hemidesmus indicusR. Br.)

The roots of Sariva contains the coumarino-lignoids hemidesminine, hemidesmine 1 and hemidesmine 2; α

sitosterol; the terpenoids α amyrin, β amyrin, β amyrin acetate, lupeol, lupeol acetate and lupeol octacosanoate; 2-hydroxy-4-methoxy-benzaldehyde; drevogenin- β -3- o- β -D- olandropyranosyl (1-4)- β -D-olandropyranoside (desinine). [4]

Properties and action of Sariva^[5]

Rasa- Madhura, Tikta Guna- Guru, Snigdha Virya-Sheeta

Vipaka- Madhura

Dosha karma- Tridoshahara Used part- Root

Shankha^[2] (Conch shell)

Shankha is a hard calcareous shell of the species of large predatory sea snails, which is the largest class of molluscus. [6] 95% of calcium salts like calcium carbonates and 5% of organic matters are present in it.

Properties and action of Shodhita Shankha^[7]

Guna- Laghu, Ruksha, Teekshna Virya- Ushna Vipaka- Katu

Karma- Digestive, eliminates Amlapitta (gastritis)

Collection and authentication of raw drugs

The raw drug, *Shankhanabhi* was collected from the SDM Pharmacy of Ayurveda, Udupi, Karnataka state, India. The dried roots of *Sariva* are colleted from Anamaya Herbals, Udupi, Karnataka state, India. The

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drug analysis and standardization were done at SDM centre for Research in Ayurveda and Allied Sciences, Udupi, Karnataka state, India.

Method of preparation

4kgs of the dried *Sariva* roots (Figure 1) were collected from the source and powdered into fine powder consistency. Filtered through single layered Cora cloth and preserved in an airtight container. 4.2kgs of crude drug *Shankhanabhi* (Figure 2) were taken. *Shodhana* (a process of purification) was done by keeping the *Shankhanabhi* pieces in a poultice dipped in 6 Liters of *Amlakanji* (Figure 3) without touching the bottom of the vessel and boiled for 3 hours (Figure 4). *Kanji* was poured slowly when the amount of Kanji was reducing by evaporation during the process. The total quantity of *Amlakanji* used was 10 Liters. At the end of 3 hours

Shankhanabhi were collected and washed in hot water—the process of which removed most of the external impurities from the drug and shade dried. Finally 4kgs of purified Shankhanabhi were obtained (Figure 5). Initially these were manually powdered; later fine powder (Figure 6) was prepared in SDM Pharmacy. The fine powder obtained was filtered in single layered Cora cloth; later roasted or dry heated in mild flame (Figure 7) and the product is preserved in an airtight container.

Equal quantity of *Sariva* root fine powder (Figure 8) and purified *Shankhanabhi* fine powders were mixed well (Figure 9), the combination of which passed through mesh no.85, later filled in plastic containers and sealed. Then the containers are labled and made easy for distribution.



Fig. 1: Sariva Root



Fig. 2: impure Shankhanabhi



Fig. 3: Amalkanji



Fig. 4; Shankhanabhi Shodhana after washing in hot water & drying.



Fig. 5: Shuddha Shankhanabhi Powder



Fig. 6: Shuddha Shankhanabhi



Fig. 7: Roasting Shankhanabhi

Fig. 8: Sariva Shankhanabhi Churna.

Organoleptic parameters of finished product

Colour: Light brown colour
Consistency: Fine powder
Smell: Specific odour of Sariva

DISCUSSION

Churna Kalpana in Ayurveda is described concentrating more on its internal usage. Even though the description of Avachurnana/dusting is available in classics, accurate measures for their preparation, dosage and duration of

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treatment are less heighlited. The use of Shankhanabhi powder for the external purpose was based on the reference of Shankhanabhi used in the Chandrodaya Varti preparartion, taken from the Sharangadhara Samhita, [8] where in Shankhanabhi after purification will be subjected for Bharjana (roasting) the purpose of which may be to obtain finest form of powder without Bhasmikarana (incineration) which will be more Teekshna after incineration. Sariva root with its antimicrobial, anti-inflammatory properties helps in reduction of symptoms of uncomplicated Diaper dermatitis, also helps in reducing the alkalinity of Shankhanabhi and making the final product more convenient, safe to the tender or immature skin of a child without interrupting the normal pH of skin along with its normal bacterial flora and facilitates the faster healing.

CONCLUSION

Herbo-mineral preparation used internally or externally has its own mode of action based on the synergism, type of formulation used, age of patient, maturity of target tissue etc. Analytical and standardization procedures are necessary to confirm their efficacy along with the clinical evidences. Just like the comparative studies on efficacy of purified *Shankha*, *Shankhanabhi* as well as their incinerated forms, both as internal and external usage forms will add on to the existing knowledge. Available informations on toxicity of various dusting powders specially in an age group of children should also be considered, advocated in clinical practices and validated timely.

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