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Role of *Virechana Purvaka Shamana Sneha* with *Rasayana* drugs in the management of Psoriasis (*Ekakustha*)

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ABSTRACT

Skin diseases are taken up as a social stigma, due to altered appearance. Psoriasis is one of the most repulsive skin diseases which may disturb patient's life. It usually runs a chronic course with remission and exacerbations. As far as treatment is concerned modern medical science has number of therapeutic measures which provide temporary relief accompanied by side effects and which make the patients to take lifelong treatment. So it is a need to find out an effective radical cure for psoriasis through *Ayurveda*. According to *Ayurveda* all skin diseases are taken under generalized term *Kustha*. In present study psoriasis is considered as *Ekakustha*, one type of *Kshudrakustha*. As *Shodhana* therapy is essential in the management of all skin diseases, *Virechana Karma* was selected because it is the only procedure which acts upon all three *Doshas* and *Raktadi Dushyas* which are vitiated in *Kustha*. After *Virechana Karma*, *Shamana* treatment was also given to alleviate remaining *Doshas* and to continue the normal state of *Dhatus*. This clinical trial was conducted on total 13 patients of psoriasis (*Ekakustha*) to compare the effect of *Virechana Purvaka Shamana* with *only Shamana*. For *Shamana* purpose *Shamana Sneha* (*Panchatikta Ghrita*) along with some *Rasayana* drugs were used. Duration of *Shamana* treatment was 2 months in both groups. Patients of both the groups showed significant results. But *Virechana Purvaka Shamana* was found to be more effective than *only Shamana*.

Key words: *Ekakustha*, Psoriasis, *Rasayana*, *Shamana Sneha*, *Panchatikta Ghrita*.

INTRODUCTION

Importance of the beauty exists in the society since ancient time. So the skin diseases are taken up as a social stigma, due to altered appearance.^[1] Psoriasis

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is one of the most repulsive skin diseases which may disturb patient's life. It is non infectious, easily diagnosable in its typical form usually running a chronic course with remission and exacerbations.^[2] As far as treatment is concerned modern medical science has number of therapeutic measures which provide temporary relief accompanied by side effects and which make the patients to take lifelong treatment. So it is a need to find out an effective radical cure for psoriasis through *Ayurveda*.

According to *Ayurveda* all skin diseases are taken under generalized term '*Kustha*'.^[3] In present study Psoriasis is considered as *Ekakustha*, one type of *Kshudra Kustha*. Present study is an attempt to find out most effective remedy for psoriasis.

Selection of drug and therapy

As *Shodhana* therapy is essential in the management of all skin diseases, *Virechana Karma* was selected because it is the only procedure which acts upon all

three *Doshas* and *Raktadi Dushyas* which are vitiated in *Kustha*.^[4] After *Virechana Karma*, *Shamana* treatment was also given to alleviate remaining *Doshas* and to continue the normal state of *Dhatu*s. For this purpose *Panchatikta Ghrita*^[5] was given as a *Shamana Sneha* along with *Triphaladi Rasayana Vati*.^[6] In psoriasis *Vata Pradhana Tridosha* is vitiated. So *Shamana Sneha* is very important to eliminate *Rukshata* of *Vata*. Besides this *Rasayana* drugs are also necessary to maintain the normal status of the skin.

OBJECTIVES

To assess and compare the efficacy of *Virechana Purvaka Shamana Sneha* with *Rasayana* drugs and only *Shamana* in the management of psoriasis.

MATERIAL AND METHODS

Selection of the patients

For present study the patients fulfilling the clinical criteria for diagnosis of psoriasis (*Ekakustha*) were randomly selected irrespective of their age, sex, religion etc. from O.P.D. section of *Kayachikitsa* department, I.P.G.T.& R.A., Jamnagar.

Inclusion criteria

- As per clinical sign and symptoms of Psoriasis (*Ekakustha*) described in classical *Ayurvedic* text and modern literature.
- Patients having age of 20 to 60 years.

Exclusion criteria

- *Virechana Ayogya* as per classical text.
- Patients having complicated diseases like Cancer, T.B., Heart diseases, D.M., H.I.V., Gastric or duodenal ulcer etc.
- Below 20 years and above 60 years of age.

Diagnostic criteria

Signs and symptoms of the Psoriasis (*Ekakustha*) described in modern literature as well as classical *Ayurvedic* text.

Investigations

1. Blood: HB%, TLC, DLC, ESR, FBS, PPBS.
2. Urine: Routine and Microscopic.

All the above investigations were done to evaluate healthy status and exclude other pathology according to necessity.

Design of groups and management

After diagnosis, the patients were randomly categorised into the following two groups.

Group-A (*Virechana* with *Shamana*)

- *Dipana Pachana - Trikatu Churna* till *Agnideepana* was attained.
- *Snehapana - Panchatikta Ghrita*
- *Sarvanga Abhyang* with *Bala oil* followed by *Baspa Swedana* (for 3 days)
- *Virechana* drug - *Ichhabhedi Rasa* 250-500mg with *Trifala Kvatha* (100-200 ml) with *Erand Sneha* (10-30ml).
- *Sansarjana Krama*
- *Shamana* - as per Group B.

No of patients - 7 (1 patient discontinued)

Duration - Days of *Virechana Karma* + 2 months

Group-B (*Shamana*)

Internal

- *Panchatikta Ghrita* - 10gm in morning.
- *Anupana - Ushnodaka*
- *Trifaladi Rasayana Vati* - 6gm (each *Vati* of 500mg) twice a day with honey and ghee.

External

- *Erand Sneha* - Q.S.

No of patients - 9 (2 patient discontinued)

Duration - 2 months

Pathya - Apathya

All the patients were advised to avoid the factors (*Aahara* and *Vihara*) which causes *Kustha* as per classical references, especially to avoid salty and sour food, soaps, synthetic cloths and to take bath with water boiled with *Neem* leaves. Patients were also instructed to do *Yogasana* if possible.

Follow Up

Follow up study was done after the completion of treatment for 4 weeks.

Criteria for Assessment

Assessment was done by observing clinical improvement in signs and symptoms of the disease as per performa. All the signs and symptoms were given scores depending upon their severity before and after the treatment.

The total effect of the therapy was assessed considering the overall improvement in signs and symptoms. For this purpose, following categories were maintained.

- Complete remission : 100 % relief in signs and symptoms.
- Marked improvement : More than 75% improvement in signs and symptoms
- Moderate improvement : 51% to 75% improvement in signs and symptoms
- Mild improvement : 26% to 50% improvement in signs and symptoms
- No Improvement : Less than 25% reduction in signs and symptoms

Statistical Analysis

This was assessed in terms of Mean score, Standard Deviation, Standard Error, t test.

P > 0.05 : Non significant result

P < 0.05 : Significant

P < 0.01 and p < 0.001 : Highly significant

Ethical clearance

Initially ethical clearance was taken from institutional ethics committee for present clinical study.

OBSERVATIONS

In the present study total 16 patients of psoriasis were registered, out of which 6 patients were treated under Group-A and 7 patients were treated under Group-B. The remaining 3 patients discontinued the treatment.

Table 1: Type of Psoriasis wise distribution of 16 patients of Psoriasis

Type of Psoriasis	No. of Patients		Total	%
	Group- A	Group- B		
Nummular	6	8	14	87.50%

Gyrate	0	1	1	6.25%
Erythrodermic	1	0	1	6.25%

In the present study maximum number of patients (87.5%) were having nummular type of psoriasis.

Table 2: Dietary analysis of 16 patients of Psoriasis including etiological factors.

Dietary aspect	No. of Patients		Total	%
	Group- A	Group- B		
<i>Rasa Pradhanta</i>				
<i>Madhura</i>	2	6	8	50.00%
<i>Amla</i>	1	3	4	25.00%
<i>Lavana</i>	2	2	4	25.00%
<i>Katu</i>	6	7	13	81.25%
<i>Tikta</i>	0	1	1	6.25%
<i>Kashaya</i>	0	1	1	6.25%
<i>Vidhitah</i>				
<i>Vishamashana</i>	0	3	3	18.75%
<i>Adhyashana</i>	5	3	8	50.00%
<i>Viruddhashana</i>	2	2	4	25.00%
None of above	1	2	3	18.75%

Dietary analysis reveals that maximum number of patients (81.25%) were taking *Katu Rasa Pradhana Ahara* followed by *Madhura Rasa (50%) Pradhana Ahara*. *Adhyashana* was found in maximum 50% of the patients.

Table 3: Viharaj Niidana wise distribution of 16 patients of Psoriasis.

Viharaj nidana	No. of Patients		Total	%
	Group- A	Group- B		
<i>Vegavidharana</i>	2	0	2	12.50%
<i>Divaswapna</i>	4	3	7	43.75%
<i>Shitoshna</i>	2	3	5	31.25%

Viparyaya				
Ratrijagarana	1	1	2	12.50%
None of above	1	3	4	25.00%

In present study maximum no. of patients i.e. 43.75% gave a history of *Divaswapna* followed by *Shitoshna Viparyaya* (31.25%) as a causative factors.

Table 4: Cardinal symptoms wise distribution of 16 patients of Psoriasis.

Parameters	No. of Patients		Total	%
	Group-A	Group-B		
Scaling	7	9	16	100%
Vivarnya	7	9	16	100%
Kandu	6	9	15	93.5%
Daha	2	2	04	25%
Bahalatva	7	9	16	100%
Rukshaata	7	9	16	100%
Aswedanam	7	9	16	100%

Scaling, *Vaivarnya*, *Bahalatva*, *Rukshata*, *Aswedanam* were found in 100% patients while *Kandu* was found in 93.5% of patients.

Table 5: Present signs of Psoriasis wise distribution of 16 patients of Psoriasis.

Type	No. of Patients		Total	%
	Group- A	Group- B		
Auspitz’s sign	7	8	15	93.75%
Candle grease sign	7	8	15	93.75%
Koebner’s phenomena	5	2	07	43.75%

Auspitz sign and Candle grease sign were present in 93.75% patients each. Koebner’s Phenomena was found in 43.75% of patients.

RESULTS

Table 6: Effects of therapy on individual criteria in Group-A (*Virechana Purvak Shamana*).

N o.	Parameters	Mean		% age Relief	SD ±	SE ±	T	P
		BT	AT					
1.	Scaling	4.00	0.33	91.67	1.46	0.55	6.63	<0.001
2.	<i>Vaivarnya</i>	3.00	0.67	77.63	0.52	0.21	11.04	<0.001
3.	<i>Bahalatva</i>	2.33	0.00	100	0.52	0.21	11.04	<0.001
4.	<i>Aswedanam</i>	2.00	0.33	83.50	0.52	0.21	7.91	<0.001
5.	<i>Kandu</i>	2.33	0.00	100	0.81	0.33	6.99	<0.001
6	<i>Rukshata</i>	2.17	0.17	92.17	0.89	0.36	5.48	<0.001
7	<i>Daha</i> (n=2)	0.33	0.00	100	-	-	-	-
8.	Auspitz’s Sign	1.00	0.17	83.33	0.41	0.17	4.99	<0.001
9.	Candle grease sign	1.00	0.17	83.33	0.41	0.17	4.99	<0.001
10	Koebner’s phenom ena	1.00	0.25	75.00	-	-	-	-

From above table it can be seen that in Group-A, highly significant relief was found in *Scaling*, *Vaivarnya*, *Bahalatva*, *Aswedanam* at the P level <0.001 and in *Rukshata*, *Auspitz’s Sign*, *Candle grease sign* also (P<0.01)

Table 7: Effect of therapy on individual criteria in Group- B (only *Shamana*).

N o.	Parameters	Mean		% Relief	SD ±	SE ±	T	P
		BT	AT					
1.	Scaling	2.71	1.14	57.93	0.79	0.33	5.29	<0.001

2.	Vaivarnya	3.0	1.57	47.67	0.53	0.2	7.08	<0.001
3.	Bahalatva	2.0	0.57	71.50	0.53	0.2	7.08	<0.001
4.	Aswedanam	2.0	0.57	71.50	0.53	0.2	7.08	<0.001
5.	Kandu	2.0	0.14	93.00	0.38	0.14	13.07	<0.001
6.	Rukshta	1.57	0.29	81.91	0.49	0.18	6.99	<0.001
7.	Daha (n=5)	1.40	0.00	100.0	-	-	-	-
8.	Auspitz's Sign	1.00	0.33	66.67	0.52	0.21	3.17	<0.005
9.	Candle grease sign	1.00	0.17	83.33	0.41	0.17	4.98	<0.001
10.	Koebner's phenomena (n=2)	1.00	0.5	50.00	-	-	-	-

In Group B also highly significant improvement was noted in all symptoms except Auspitz's sign, Daha and Koebner's phenomena.

Table 8: Overall Effect of Therapy in both Groups.

Results	Group A (n=6)		Group B (n=7)	
	No. of Patients	%	No. of Patients	%
Cured	1	16.67%	0	0%
Markedly Improved	4	66.67%	3	42.86%
Moderately Improved	1	16.67%	4	57.14%
Mildly Improved	0	0%	0	0%
Unchanged	0	0%	0	0%

Overall result shows that in Group-A, maximum number (66.67%) of patients were markedly improved

followed by cured and moderately improved i.e. 16.67% each. In Group-B no any patient was cured as well as mildly improved, but maximum i.e. 57.14% patients were moderately improved, while remaining 42.86% patients were found markedly improved.

DISCUSSION

Ekakushtha being a *Kshudra Kushtha* has involvement of *Tridosha* and *Vata Kapha* predominance. Practically it needs repeated *Shodhana* therapy as *Aacharya Sushruta* had said in *Su.Chi.9./43*. *Adhyashana*, *Divaswapna* and *Shitoshna Viparyaya* may have a leading role in developing *Ekakushtha*.

Probable mode of Action

Virechana Karma - *Virechana Karma* is very effective Panchkarma procedure in *Tridoshaja Vyadhi* like *Psoriasis*. It excrete outs the vitiated *Doshas* from the body and removes the *Vigunata* of *Vata* that can be taken as cause of hyperkeratinization, absence of granular layer and excessive shedding of epidermis found in pathogenesis.

Panchtikta Ghrita - *Panchtikta Ghrita* is effective for *Snehana* before *Virechana Karma* in the patients of *Psoriasis*. Due to *Tikta Rasa* possess *Dipana Pachana* properties, it purifies the *Rakta Dhatu*. And *Panchtikta Ghrita* pacifies all three *Doshas*.

Trifaladi Rasayana Vati - After *Virechana Shamana* is also important to continue its effect and to sustain *Dhatuamyata*. *Triphaladi Rasayan Vati* has *Rasayan* drugs which maintain healthy status of *Dhatu*s and *Panchtikta ghrita* pacifies remaining *Doshas*. The dose of the *Shamana sneha* should be decided according to the *Agni* of the patient.

Erand Sneha - It smoothens and softens the skin by virtue of *Snigdha* and *Sukshma Guna*. It contains keratolytic agent helps in removing scales. It normalizes the cell proliferation and thus stimulates healthy tissue formation.

Highly significant results were found in both the groups, but patients of *Virechana* Group (Group-A) showed better results as compared to *Shamana* group (Group B). 16.67% patients were found completely cured in only Group-A. Marked improvement was found in 66.67 % patients in group A and 42.86% patients in group B. Moderate improvement was found in 16.67% patients in group A and 57.14%

patients in group B. In present study no one patient showed mild improvement or remain unchanged.

CONCLUSION

It can be concluded that *Virechana Karma* using *Panchatikta Ghrita* followed by *Shamana* therapy with *Panchatikta Ghrita as a Shamana Sneha* along with *Triphaladi Rasaya Vati* is the best choice of treatment for *Ekakushtha*. No adverse reaction was reported by patients during treatment and follow up. Results of this study are very encouraging but the study was conducted on a small group of patients, so a trial should be conducted on a larger sample size.

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