

A COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFICACY OF VAMANA KARMA AND VIRECHANA KARMA IN EKAKUSHTA W S R TO PSORIASIS

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ABSTRACT

In Ayurveda, all the skin diseases are categorized under *Kushta* among which Psoriasis is commonly identified with *Eka Kushta* which is one among the *Kshudra Kushta* presenting with *Asvedanam*, *Mahavastu* and *Matsyashakalopama lakshanas*.¹ Among various varieties of *Kushta*, *Ekakushta* takes upper hand by its chronicity, severity, involving large extent of body parts, difficulty in its curability and is often compared to Psoriasis, a chronic, non-infectious skin disease characterized by well defined, slightly raised, dry, silvery erythematous macules of typical extensor distribution. Psoriasis is one of the most common skin disease equally affecting both males and females of all the age groups ranging up to 1% to 2% of the world's population.² *Kushta*, a disease of *bahudosh*a, *bhuri dosha* and *saptako dushya sangraha* is to be treated by adopting repeated *Shodhana*. The line of treatment of *Kushta* speaks more about *Shodhana* which is to be done at regular intervals involves *Vamana* to be done for every two weeks, *Virechana* to be done for every month. Hence, this study was planned to compare the efficacy of *Vamana* and *Virechana* in *Ekakushta* w s r to Psoriasis.

Key words: *Ekakushta*, Psoriasis, *Vamana*, *Virechana*

INTRODUCTION

In Ayurveda importance of Skin had been emphasized as one of the seat of *Jnanendriya* and moreover comparing to all other seats of *Jnanendriya*'s, skin envelope most part of body surface. In other words to say, remaining *Netradi* four *Indriyas* have their seat on restricted parts of body surfaces like *Netra* is seat for *Chakshurindriya*, *Jivha* is seat for *Rasandriya* etc. but *Sparshanendriya* has its seat in *Twacha* which covers all most all the body surface area. Psoriasis is a chronic inflammatory skin disorder of unknown etiology affecting about 1-2% of the population. Considering its incidences, severity and complication it can be deemed as a major disease. Unlike the other diseases, the disorders afflicting the skin create social apprehension among the affected subjects. There is no known

cure for Psoriasis in conventional system of medicine, the treatment available include palliative measures with lotions, ointments and PUVA (Psoralin Ultra Violet A). Hence, there is a greater need to evolve better and sustainable treatment for this condition. *Kushta* being a *bahudosh*a *janya vyadi* requires *samshodana* therapy. The efficacy of repeated *panchakarma* therapies have been highlighted in the classics. Repeated *Vamana* & *Virechana*, *Nasya* and *Raktamokshana* are indicated to prevent relapse/cure the disease. Hence in the present study is meant to compare the efficacy of *vamana* and *virechana* in *Ekakushta* w s r to Psoriasis. The present study is a comparative clinical study with pre - test and post - test design where in 40 patients of either sex diagnosed as *EkaKushta* w.s.r. to Psoriasis were randomly

assigned into two groups comprising of 20 patients in each. In Group A, patients were subjected to *Snehapana* with *PanchaTiktaGuggulu Ghrita* followed by *Vamana* with *Madanaphala yoga* whereas in Group B, patients were subjected to *Snehanpana* with *PanchaTiktaGuggulu Ghrita* followed by *Virechana* with *Trivruth Avalehya*. Based on *shuddhi, Samsarjana Krama* was advised in both the Groups.

AIMS AND OBJECTIVES

- To evaluate the efficacy of *Vamana karma* in *EkaKushta* w.s.r. to Psoriasis.
- To evaluate the efficacy of *VirechanaKarma* in *EkaKushta* w.s.r. to Psoriasis.
- To compare the efficacy of *Vamana karma* and *VirechanaKarma* in *EkaKushta* w.s.r. to Psoriasis.

MATERIALS AND METHODS

SOURCE OF DATA:

- 40 patients of *Eka Kushta* (Psoriasis) coming under the inclusion criteria approaching the OPD and IPD of S.K.A.M.C, H & R.C., Bangalore, were selected for the study.

METHOD OF COLLECTION OF DATA:

- This is a comparative clinical study with pre-test & post-test design where in 40 diagnosed *Eka Kushta* patients of either sex were randomly assigned into two groups comprising of 20 patients in each.
- A special case proforma containing details necessary for the study was prepared.
- Relevant statistical methods were employed.

DIAGNOSTIC CRITERIA:

- *Lakshanas* of *EkaKushta*³
- Signs and Symptoms of Psoriasis⁴
- Candle grease sign⁵

- Auspitz's sign⁶

INCLUSION CRITERIA:

- Patients presenting with the *lakshanas* of *Eka Kushta*
- Patients presenting with the signs and symptoms of Psoriasis
- Patients of either sex between the age group of 18–70 years
- Patient fit for *VamanaKarma*.⁷
- Patient fit for *VirechanaKarma*⁸

EXCLUSION CRITERIA: Patients with major systemic diseases that may interfere the course of treatment.

DESIGN OF THE STUDY:

- It is a comparative clinical study of *VamanaKarma* and *VirechanaKarma* in the management of *Eka Kushta* w.s.r. to Psoriasis consisting of 20 patients in each group where in pre-test and post-test design was done in both the groups.
- The data collected and compiled in both the groups were sorted out, compared & analyzed by subjecting to various statistical methods.

DURATION OF STUDY:

- In Group A, the total duration of study ranged from 12 to 19 days (*Pachana–Deepana* 3 days, *Snehapana* 3 to 7 days, *VishramaKala* 1 day, *Vamana* 1 day, *Samsarjana Krama* 3 to 7 days)
- In Group B, the total duration of study ranged from 13 to 21 days (*Pachana–Deepana* 3 days, *Snehapana* 3 to 7 days, *VishramaKala* 3 days, *Virechana* 1 day, *Samsarjana Krama* 3 to 7 days)

INVESTIGATIONS:

- Blood for Haemoglobin%, Erythrocyte Sedimentation Rate, Total Count, Differential Count, Random Blood Sugar

INTERVENTION:

- 40 patients of *Eka Kushta* (Psoriasis) who fulfil the inclusion criteria was selected on the basis of purposive sampling technique and randomly

divided into two groups viz., Group –A and Group – B consisting of 20 patients in each group.

Group – A

- Pachana–Deepana was done with Trikatu Churna 3gms TID before food for 3 days with Ushnajala.
- Snehapana was done with PanchaTiktaGugguluGhrita⁹ with Ushnajala based on the koshta and agni of the patient till samayak snigdha lakshanas were seen.
- On the day of Vishramakala, SarvangaAbhyanga with SuryapakiKutajaTaila and BhashpaSweda followed by kaphotkleshakaraahara was advised.
- Next day, following Sarvanga Abhyanga and Bashpa Sweda, VamanaKarma was done with Madanaphala yoga .
- Based on shuddhi, Samsarjana Krama was advised.

Group – B

- Pachana–Deepana was done with Trikatu Churna 3gms TID before food for 3 days with Ushnajala.
- Snehapana was done with PanchaTiktaGuggulu Ghrita with Ushnajala based on the koshta and agni of the patient till samayak snigdha lakshanas were seen.

- For 3 days of Vishramakala, Sarvanga Abhyanga was done with Suryapaki Kutajapatra Taila followed by Bashpa Sweda.
- Next day, following Sarvanga Abhyanga and Bashpa Sweda, VirechanaKarma was done with Trivrut Avalehya¹⁰ followed by Ushnajala based on koshta of the patient.
- Based on shuddhi, Samsarjana Krama was advised.

ASSESSMENT CRITERIA:

The assessment of disease was done based on following Subjective and Objective parameters using different grading and scoring methods before and after the treatment:

- Itching
- Erythema
- Scaling
- Anhydrous
- Dryness
- Burning sensation
- Epidermal thickening
- Elevation
- Discharge
- Joint involvement
- Sleep
- PASI (Psoriasis Area and Severity Index)

The assessment of procedure was done based on observations of Samyak, Ayoga and Ati-yoga lakshanas of VamanaKarma and VirechanaKarma.

METHOD OF PREPARATION OF SURYAPAKI KUTAJA PATRA TAILA

Table showing details of Suryapaki Kutajapatra Taila			
Ingredients	Quantity	Total output	Method of preparation
Kutaja	4 Kg	54 Litres	Kutajapatras were immersed in Tilataila and kept in direct sunlight for 4 days until colour of the taila turned into purple. It was then filtered and packed in bottles.
Tilataila	55 Litres		

RESULTS

Results of both the Groups in relation to subjective and objective parameters of assessment criteria pertaining to Eka Kushta w.s.r. to Psoriasis was subjected to statistical

analysis by adopting the tests -paired ‘t’ test for assessment within the groups and un-paired ‘t’ test for assessment in between the groups.

RESULTS IN BETWEEN GROUPS Vamana Group (Group A)

CRITERIAS	MEAN	SD	SE	t value	P value	Remarks
ITCHING	1.8	0.77	0.17	10.495	<0.001	HS
ANHYDROUS	1.60	0.60	0.134	11.9607	<0.001	HS
DRYNESS	2.20	0.83	0.186	11.8040	<0.001	HS
SLEEP	1.35	0.83	0.268	5.1073	<0.001	HS
ERYTHEMA	1.80	1.11	0.247	7.2848	<0.001	HS
SCALING	2.00	1.12	0.251	7.9582	<0.001	HS
EPIDERMAL THICKENING	2.10	1.02	0.228	9.1998	<0.001	HS
ELEVATION	2.10	1.02	0.228	9.1998	<0.001	HS
PASI	21.27	13.28	2.969	7.16	<0.001	HS

Virechana Group (Group B)

CRITERIAS	MEAN	SD	SE	t value	P value	Remarks
ITCHING	2.00	0.46	0.10	19.49	<0.001	HS
ANHYDROUS	1.70	0.57	0.13	13.31	<0.001	HS
DRYNESS	1.65	0.75	0.17	9.90	<0.001	HS
SLEEP	0.95	0.51	0.11	8.32	<0.001	HS
ERYTHEMA	2.00	0.65	0.15	13.78	<0.001	HS
SCALING	1.55	0.51	0.11	13.58	<0.001	HS
EPIDERMAL THICKENING	1.60	0.50	0.11	14.24	<0.001	HS
ELEVATION	1.65	0.75	0.17	9.90	<0.001	HS
PASI	14.30	7.60	1.70	8.42	<0.001	HS

RESULTS BETWEEN GROUPS

Criteria	Group	Mean	S.D.	S.E.	t value	p value	Remark
ITCHING	A	1.95	0.76	0.17	1.6740	0.1023	NS
	B	2.45	1.10	0.25			
ANHYDROUS	A	1.60	0.60	0.13	1.9651	0.0567	S
	B	2.10	0.97	0.22			
DRYNESS	A	2.20	0.83	0.19	1.9156	0.0630	NS
	B	2.85	1.27	0.28			
SLEEP	A	1.35	1.18	0.26	0.1113	0.9120	NS
	B	1.30	1.63	0.36			
ERYTHEMA	A	1.80	1.11	0.25	1.8875	0.0668	NS
	B	1.20	0.89	0.20			
SCALING	A	2.00	1.12	0.25	1.7878	0.0818	NS
	B	2.60	0.99	0.22			
EPIDERMAL THICKENING	A	2.10	1.02	0.23	0.000	1.000	NS
	B	2.10	1.21	0.27			
ELEVATION	A	2.10	1.02	0.23	0.9894	0.3287	NS

	B	1.75	1.21	0.27			
PASI	A	21.270	13.280	2.969	0.8040	0.4264	NS
	B	17.890	13.309	2.976			

On Itching, Anhydrous, Dryness, Sleep, Erythema, Scaling, Epidermal thickening, Elevation, PASI before treatment and after Samsarjana krama of Vamana and Virechana, the p value (< 0.001) revealed statistically highly significant result in both Group A and Group B. But between groups the result is not significant except in anhydrous, it is more significant in Virechana group. That means in all other parameters Vamana and Virechana were given good results.

DISCUSSION

DISCUSSION ON DRUGS

TRIKATU CHURNA

Trikatu is Katu Rasa in predominance and it is combination of powder forms of three drugs i.e. Shunti, Pippali, Maricha in equal proportion. It helps in the digestion of sama doshas and quickly activates Jataragni. All the 3 are kaphavatagna, pippali and maricha are kushtagna hence trikatu churna is selected in this study.

PANCHATIKTA GUGGULU GHRITA

Panchatikta Guggulu Ghrita contains Nimba, Patola, Kantakari, Guduchi, Vasa. In Kushta there is excessive accumulation of Kleda. Tikta Rasa is Amapachaka & Kleda Shoshaka in nature, also in Kushta Chikitsa Acharya Charaka gives importance to Tikta Rasa. In some patients during Snehapana symptomatic relief was found due to the Kushtaghna property of Panchatikta Ghrita.

MADANAPHALA YOGA: For the Vamana Karma generally Madanaphala is widely used as it Anapayatva.

SURYAPAKI KUTAJAPATRA TAILA: Suryapaki Kutajapatra Taila was used for Abhyanga during vishrama kala.

Kutaja: Kutaja because of its Tikta Kashaya rasa, KaphaPittahara, Grahi and Deepana

property, was useful in reducing the Symptoms of Eka Kushta.

Tila taila: Tila because of its Kashaya, Tikta rasa, Vatahara and Tvachya property, was useful in reducing the Symptoms of Eka Kushta.

TRIVRUT AVALEHYA: Trivrut Avalehya was administered as Virechana yoga in varied dosage ranging from 50 grams to 100 grams depending upon Koshta of the patient followed by hot water.

Trivrut: Trivrut because of its Tikta Katu rasa, KaphaPittahara and Rechana property was helpful reducing the Symptoms of Kushta.

Sharkra: Sharkara because of its Sheeta Virya was useful in reducing the Symptoms of Kushta.

DISCUSSION ON CLINICAL STUDY:

The present study was a comparative clinical study with pre - test and post - test design where in 40 patients of either sex approaching the OPD and IPD sections of SKAMCH & RC, Bangalore, diagnosed as Eka Kushta w.s.r. to Psoriasis were randomly assigned into two groups comprising of 20 patients in each. The patients in Group A and Group B were subjected to Pachana-Deepana with Trikatu choorna followed by ArohanaKrama Snehapana with Panchatikta guggulu Ghrita followed by Sarvanga Abhyanga with Suryapaki Kutajapatra taila and Bashpa Sweda and at last Vamana with Madanaphala yoga and Virechana with Trivrut Avalehya respectively.

Vamana - Kushta having Kapha Pradhanaya, Vamana is indicated. "Pakshat Pakshat Vamana", VamanaKarma is indicated once

in fortnight based on *Kleda* formed due to *Kapha*, its accumulation is faster because of *Snigdha*, *Pichchila*, *Sandra guna*, Hence, it has to be removed frequently.

Virechana - *Kushta* having *Pitta Pradhanayata*, *Virechana* is indicated. “*Masat Masat Virechana*”, *Virechana Karma* is indicated once in a month based on *Kleda* formed due to *Pitta*, its accumulation is little slow because of its *upasneha*, *drava*, *visraguna*.

In *Ekakushta* there is predominance of *Vata* and *Kapha Vamana Karma* is giving result. In *kushta Rakta* is vitiated and so *pitta* is also involved as it has *Asraya Asrayi gunas*. *Virechana Karma* is acting as it is the main line of treatment for *Pitha dosha*.

Itching (*Kandu*) is the cardinal symptom of *Kapha dosha*. *Vamana* is indicated as the main treatment for *Kapha dosha* and by *Virechana kapha dosha* is eliminated as in it's *Samyak Lakshana Kaphantham Virechana* is mentioned. So in both groups itching got relieved.

Anhydrous (*Swedavarodha*) is due to blockage of *roma kupas* by vitiated *doshas*. This *avarodha* seem to have been released due to *Snehapana*, *Sweda* and even by the *Vamana* and *Virechana karma* thus stimulating perspiration, but in *Virechana* group effect is more. In *shodhana sroto shudhi* is achieved and by *Virechana* especially *rak-taposhana* occurs and through that *mala* was removed and anhydrous was subsided.

Dryness (*Rukshata*), **Erythema** (*arunaavabasata*), **Scaling** (*twacha spotana, matsya shakalopamam or abrakapatra vat*) are due to *vata vridhhi*, *Shodhananga snehapana* reduce *vata dosha* and cause *kapha utklesha*. As a result these symptoms got reduced gradually during *snehapana* and further decreased after *abhyanga* and *swedana*. The effect remained even after *Vamana* and *Virechana karma*.

Sleep disturbance was present because of itching, as itching got reduced patient attained good sleep.

Epidermal thickening and Elevation are due to the *srotosanga* caused by *maladhikyata* which is evident as *maha vastu* and *Unnati* of skin respectively. During *snehapana* due to the effect of *sneha*, *vatanigraha* and liquification of *doshas* take place. By *snehana* and *swedana* the *sroto sanga* is relieved and the *doshas* move towards *koshta* which are eliminated by *Vamana* and *Virechana karma*. Hence improvement was noticed.

CONCLUSION

- The overall result in the study revealed that there is no statistically significant difference between the two groups since both the groups showed statistically highly significant improvement after *Vamana*, after *Virechana* and after *Sam-sarjana Karma* in almost all the parameters with p value < 0.001. All the patients in both the groups presented with *Samyak Vamana* and *Samyak Virechana Lakshanas*.
- Hence, the present study reveals that there is no significant difference between *Vamana* and *Virechana Karma* in *Eka Kushta*. In this regard, we can come to a conclusion that in case of *Kushta* requiring *Kramatah Shodhana* and *Punah punah Shodhana*.

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