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 Kushtha among which Psoriasis is commonly identified with Eka Kushtha which is one among the Kshudra Kushtha presenting with Asvedanam, Mahavastu and Matsyashakalopama lakshanas. Among various varieties of Kushtha, Ekakushtha 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. Kushtha, a disease of bahudosha, bhuri dosha and saptako dushya sangraha is to be treated by adopting repeated Shodhana. The line of treatment of Kushtha 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 Ekakushtha w s r to Psoriasis.

Key words: Ekakushtha, 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 Rasanedriya 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. Kushtha being a bahudosha 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 Ekakushtha 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 EkaKushtha w.s.r to Psoriasis were randomly
assigned into two groups comprising of 20 patients in each. In Group A, patients were subjected to \textit{Snehapana} with \textit{PanchaTiktaGuggulu Ghrita} followed by \textit{Vamana} with \textit{Madanaphala yoga} whereas in Group B, patients were subjected to \textit{Snehapana} with \textit{PanchaTiktaGuggulu Ghrita} followed by \textit{Virechana} with \textit{Trivruth Avalehya}. Based on \textit{shuddhi}, \textit{Samsarjana Krama} was advised in both the Groups.

**AIMS AND OBJECTIVES**
- To evaluate the efficacy of \textit{Vamana karma} in \textit{EkaKushta w.s.r. to Psoriasis}.
- To evaluate the efficacy of \textit{VirechanaKarma} in \textit{EkaKushta w.s.r. to Psoriasis}.
- To compare the efficacy of \textit{Vamana karma} and \textit{VirechanaKarma} in \textit{EkaKushta w.s.r. to Psoriasis}.

**MATERIALS AND METHODS**

**SOURCE OF DATA:**
- 40 patients of \textit{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 \textit{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:**
- \textit{Lakshanas} of \textit{EkaKushta}\textsuperscript{3}
- Signs and Symptoms of Psoriasis\textsuperscript{4}
- Candle grease sign\textsuperscript{5}
- Auspitz’s sign\textsuperscript{6}

**INCLUSION CRITERIA:**
- Patients presenting with the \textit{lakshanas} of \textit{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 \textit{VamanaKarma}\textsuperscript{7}
- Patient fit for \textit{VirechanaKarma}\textsuperscript{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 \textit{VamanaKarma} and \textit{VirechanaKarma} in the management of \textit{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 (\textit{Pachana–Deepana} 3 days, \textit{Snehapana} 3 to 7 days, \textit{Vishramaka} 1 day, \textit{Vamana} 1 day, \textit{Samsarjana Krama} 3 to 7 days)
- In Group B, the total duration of study ranged from 13 to 21 days (\textit{Pachana–Deepana} 3 days, \textit{Snehapana} 3 to 7 days, \textit{Vishramaka} 3 days, \textit{Virechana} 1 day, \textit{Samsarjana Krama} 3 to 7 days)

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

**INTERVENTION:**
- 40 patients of \textit{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 *PanchaTiktaGugguluGhrita* with *Ushnajala* based on the *kosha* 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 *kosha* 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 Avalehya* followed by *Ushnajala* based on *kosha* 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**

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<th>Ingredients</th>
<th>Quantity</th>
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<th>Method of preparation</th>
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<td>4 Kg</td>
<td></td>
<td><em>Kutajapatras</em> were immersed in <em>Tilataila</em> and kept in direct sunlight for 4 days untilcolour of the <em>taila</em> turned into purple. It was then filtered and packed in bottles.</td>
</tr>
<tr>
<td>Tilataila</td>
<td>55 Litres</td>
<td>54 Litres</td>
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**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)**
**Kavitha, Rani L. J. et al: A Comparative Clinical Study To Evaluate The Efficacy Of Vamana Karma And Virechana Karma In Ekakushta W S R To Psoriasis**

<table>
<thead>
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**Virechana Group (Group B)**

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**RESULTS BETWEEN GROUPS**

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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 Kusha there is excessive accumulation of Kleda. Tikta Rasa is Amapachaka & Kleda Shoshaka in nature, also in Kusha 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 vishrana kala.
Kutaja: Kutaja because of its Tikta Kashaya rasa, KaphaPittahara, Grahi and Deepana property, was useful in reducing the Symptoms of Eka Kusha.

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

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 Kusha.

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

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 Kusha 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.
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 Pradhan-yata,Virechana is indicated. “Masat Masat Virechana”, VirechanaKarma 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 VamanaKarma is giving result. In kushta Rakta is vitiated and so pitta is also involved as it has Asraya Asrayi gunas. VirechanaKarma 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 abrappedat vata)** 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 srotosanga 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 Krama 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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