



# Ijapc 2018

---

*Volume 8 Issue 2*

[www.ijapc.com](http://www.ijapc.com)

*10/3/2018*

---

Greentree Group



### A Comparative Clinical Study on the Effect of *Virechana* & *Shamana Snehapana* in *Eka Kushta* w.s.r. to Psoriasis

Sushma P.\*

\*Kapil Ayurveda Chikitsalayam, Champapet, Hyderabad, Telangana, India

#### ABSTRACT

Ayurveda, the knowledge of life science bestowed health and longevity in the form of preventive and curative measures. *Shodhana chikitsa* play a vital role in curative measures, because there is no chance of reprovocation of doshas. In *Ayurveda* all the skin diseases are considered under *kushta*, but still there is controversy regarding nomenclature of psoriasis. *Kitibha*, *Mandala*, *Ekakushta* etc are taken as Psoriasis. But in this study, psoriasis is correlated with *Ekakushta* based on clinical features. Psoriasis is one of the burning problems in the medical field. It is a heredo-familial, chronic, recurrent, inflammatory disease of skin of unknown origin. It disturbs the social and personal life of the patient due to ugly appearance. The aim of present study is to assess the role of *virechana karma* and *shaman snehapana* comparatively in the management of *ekakushta* with special reference to Psoriasis. In this study, 30 subjects were divided into two groups, 15 patients in each group and the patients who were fit for *snehana* and *virechana karma* were selected. In group-A only *virechana karma* was administered. In group-B *virechana* followed by *shaman snehapana* was administered. For *shodhana Go ghritam* and for *shaman snehapana Brahmi ghrita* is used. The assessment of results was made on pre and post treatment data of subjective and objective parameters of study. Clinical signs and symptoms of *ekakushta* are taken as subjective parameters, PASI score taken as objective parameters.

On the basis of results of two groups, it was observed that reduction of symptomatology and PASI Score highly significantly in group-B, i.e. *virechana* followed with *shaman snehapana*. So *virechana* shows significant role in the management of *Ekakushta* than only *shamana snehapana*.

#### KEYWORDS

*Virechana karma*, *Shamana snehapana*, *Brahmi ghritam*, *PASI Score* and *Psoriasis*



**Greentree Group**

Received 09/02/18 Accepted 01/03/18 Published 10/03/18



## C E R T I F I C A T E

*The institutional Ethical Committee of Dr.B.R.K.R. Government Ayurvedic College, Hyderabad, Affiliated to Dr.N.T.R.University of Health Science, Vijayawada has convened a meeting on 10<sup>th</sup> April-2014 in the college Conference Hall for the purpose of evaluation and approval of the Synopsis of the P.G. Scholars for Registration.*

**Name & place of the Department:** P.G of PANCHAKARMA,  
Dr.B.R.K.R.Govt.Ayurvedic College,  
Hyderabad

**Title of Synopsis:** A COMPARATIVE CLINICAL STUDY ON THE EFFECT OF  
VIRECHANA AND SHAMANA SNEHAPANA IN  
EKAKUSHTA W.S.R. TO PSORIASIS

**Name of the P.G.Scholar:-** Dr.P.Sushma

**Name of the Guide :-** Dr.Ch.Sadanandam  
Asst. Professor

**Name of the Co-Guide :-** Dr.M.Praveen Kumar  
Lecturer

**Result**

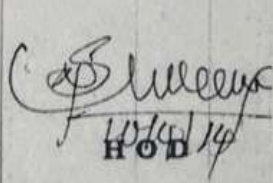
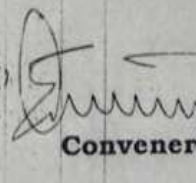
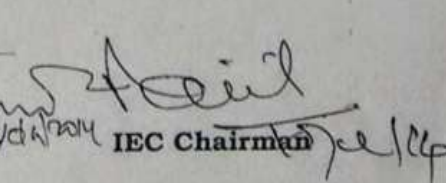
**Suggestion**

|          |          |
|----------|----------|
| Approved | Rejected |
|----------|----------|

:- *Ethically viable*

:- **Resubmission after modifications**

**Sign.:-**



  
 HOD                      Convener                      IEC Chairman



## INTRODUCTION

Psoriasis is among the widest spread chronic, frequently reoccurring disease of skin. About 3 % of world population suffering from psoriasis and it becomes a major source of frustration to patients suffering from psoriasis. In spite of various advancements in all the branches of modern science its etiology is still a dermatological mystery the solution to which is being tackled by many scientists but still there is no satisfactory results found till now. In Ayurveda all skin diseases have been described under the Umbrella of kushta. Signs and symptoms of psoriasis can be correlated with *Ekakushta*. *Charaka Acharya* quoted *chikitsa sutra of kushta* that includes *snehapana* and *Virechana* in it<sup>1</sup>. *Virechana karma* is effective in breaking the pathogenesis of *kushta*. As *kushta* is *Vatakaphapradhanapitta samsargajatridosajavikara*, *virechana* may helps in this condition by eliminating the morbid *Tridoshas*. *Trivrutadi modaka* a purgative yoga explained by *Acharya Charaka*. *Trivrutadi modaka* for *virechana karma* has been selected for clinical study to evaluate the efficacy of *Virechana karma* in management of *Ekakushta*. *Panchakarma* has unique therapeutic procedures, because of its preventive, promotive, prophylactic

and rejuvenative properties as well as in providing radical cure.

## OBJECTIVES

To evaluate the effect of *Virechana karma* in *Ekakushta*.

To assess the combined effect of *Virechana karma* and *Shamana Snehapana*.

## MATERIAL & METHODS

*Chitrakadivati*: It was administered for both A, B groups. *Citrakadi vati* for *deepana, pachana*.

*Brahmi ghritam*<sup>2</sup>: It was administered for both A, B groups, for *shodhanga snehapana, shamana snehapana*.

*Trivrutadi modaka*<sup>3</sup>: It was administered for two groups for *Virechana Karma*.

Study design: It was an open, randomized preliminary clinical study.

Clinical Plan: Total 30 patients of either sex diagnosed on signs & symptoms of psoriasis w.s.r. *Ekakushta* were selected from OPD of DR. B.R.K.R GAH, Hyderabad. On the random basis patients were assigned into 2 groups, each group consisting 15 subjects.

Inclusion Criteria:

Patients having classical symptoms of *EkaKushta*

Patients suitable for *Snehapana* and *Virechana karma*.



Chronicity of the disease less than 5 years will be included.

Exclusion Criteria:

Patients of *Ekakushta* with other systemic illness like diabetes, hypertension, etc.

Patients unfit for *Snehana* and *Virechana karma*.

Intervention:

Group A:

*Amapachana*: The patients were given with *Chitrakadivati* 250mg thrice daily before food with *ushnodaka* until *nirama laxanas* was observed, for duration of 3-5 days.

*Shodhanga snehapana*: *Snehapana* with *Go ghritam* was administered in *arohana krama* starting with *hrisryasi matra* until *samyax snigdha laxanas* was observed, for duration of 3-7 days.

*Abhyanga & swedam*: *Abhyanga* with *karanja tailam*<sup>4</sup> & *bashpa swedam* was administered for one day in *Vishrama kala*.

*Virechana*: *Trivrutadi modaka* with *ushnodaka* was administered on empty stomach & dose varies between 10-50gm depending on *koshta* of patient, *samsarjana krama* was advised according to *shuddhi prakara*.

Group B:

*Amapachana*: The patients were administered *Chitrakadi vati* 250mg thrice daily before food with *ushnodaka* until

*nirama laxanas* was observed, for a period of 3-5 days.

*Shodhanga snehapana*: *Snehapana* with *Go ghritam* was administered in *arohanakrama* starting with *hrisryasi matra* until *samyaxsnigdha laxanas* was observed for a period of 3-7 days.

*Abhyanga & swedam*: *Abhyanga* with *Karanja tailam* & *basha swedam* was administered for one day in *vishrama kala*.

*Virechana karma*: *Trivrutadi modaka* with *ushnodaka* was administered on empty stomach, dosage varies between 10-50gm depending on *koshta* of patient, *samsarjana krama* was advised according to *shuddhi prakara*.

*Shamana Snehapana*: After *samsarjana krama*, *shaman snehapana* with *Brahmi ghritam* 15ml twice a day one hr before meals was administered for 45 days. *Pathya ahara* was advised through course of trial work.

Parameters to assess the treatment involved. The patients of both groups were assessed with clinical features of *ekakushta* as mentioned in *ayurvedic* classics and modern science taken as subjective parameters. Subjective parameters are *Mandala* (Erythema), *Kandu* (Itching), *Matsyashalakala* (Scaling). Psoriasis area



and severity index scoring as objective parameter.

#### Grading of Results:

Good: 90% and more than 90% relief in both subjective and objective parameters.

Moderate: 70% to 90% relief in both subjective and objective parameters.

Mild: 50% to 70% improvement in all parameters.

Poor: Less than 50% relief in both subjective and objective parameters.

## OBSERVATIONS AND RESULTS

**Table 1** Distribution of patients by age groups

| Age in years | No. of subjects | Percentage |
|--------------|-----------------|------------|
| 21-30 yr     | 5               | 16.6%      |
| 31-40 yr     | 14              | 46.6%      |
| 41-50 yr     | 5               | 16.6%      |
| 51-60 yr     | 6               | 20%        |
| Total        | 30              | 100.0%     |

**Table 2** Gender of the subjects

| Gender | No. of subjects | Percentage |
|--------|-----------------|------------|
| Female | 6               | 20.0%      |
| Male   | 24              | 80.0%      |
| Total  | 30              | 100.0%     |

**Table 3** Family history of the subjects

| Family history | No. of subjects | Percentage |
|----------------|-----------------|------------|
| Negative       | 26              | 87%        |
| Positive       | 4               | 13%        |
| Total          | 30              | 100.0%     |

**Table 4** Chronicity of Disease among the subjects

| Chronicity | No. of Subjects | Percentage |
|------------|-----------------|------------|
| <1 years   | 11              | 39%        |
| 1-5 years  | 15              | 54%        |
| 6-10 years | 4               | 13%        |

**Table 5** Aggravating season:

| Aggravating season | No. of subjects | Percentage |
|--------------------|-----------------|------------|
| Rainy              | 8               | 26.6%      |
| Summer             | 4               | 13.4%      |
| Winter             | 18              | 60.0%      |
| Total              | 30              | 100.0%     |

**Table 6** Distribution of patients according to Koshta

| Koshta   | No. of subjects | Percentage |
|----------|-----------------|------------|
| Mrudu    | 4               | 13%        |
| Madhyama | 14              | 47%        |
| Krura    | 12              | 40%        |

**Table 7** Site of involvement on the body

| Site of involvement | No. of subjects | Percentage |
|---------------------|-----------------|------------|
| Extremities         | 5               | 17%        |
| Scalp               | 5               | 17%        |
| Scalp & extremities | 5               | 17%        |
| Trunk & extremities | 2               | 6%         |
| Whole body          | 13              | 43%        |

Mandala: Result in both Groups A, group –B have shown significant results, hence on comparative analysis p value 0.0281 shows statistically significant difference between 2 groups.

Kandu: Result in both Groups A, group –B have shown highly significant results, hence on comparative analysis p value 0.086 shows statistically significant difference between 2 groups.

Matsyashakalopam: Result in both Groups A, group – B have shown highly significant results, hence on comparative analysis p value 0.0030 shows statistically significant difference between 2 groups.

**Table 8** Group A and Group-B comparative analysis

| S.No | Parameter         | Group | Mean  | SD     | SE     | P Value | Result |
|------|-------------------|-------|-------|--------|--------|---------|--------|
| 1    | Mandala           | A     | 0.93  | 0.46   | 0.12   | 0.0281  | S      |
|      |                   | B     | 1.33  | 0.49   | 0.13   |         |        |
| 2    | Kandu             | A     | 1.33  | 0.49   | 0.13   | 0.086   | H.S    |
|      |                   | B     | 1.80  | 0.41   | 0.11   |         |        |
| 3    | Matsya-shakalopam | A     | 1.53  | 0.52   | 0.13   | 0.0030  | H.S    |
|      |                   | B     | 2.27  | 0.70   | 0.18   |         |        |
| 4    | Pasi score        | A     | 5.73  | 4.7666 | 1.2307 | 0.0577  | N.S    |
|      |                   | B     | 10.97 | 9.0837 | 2.3454 |         |        |

Pasiscore: Result in both Groups A,group – B have shown same results,hence on comparative analysis p value 0.0577 shows statistically significant difference between 2 groups.

**Table 9** Diagram showing overall effect:

|          | GOOD | MODERATE | MILD | POOR |
|----------|------|----------|------|------|
| Group -A | 0    | 7        | 8    | 0    |
| Group -B | 4    | 10       | 1    | 0    |

## RESULTS

After cross checking, the data was analysed by unpaired t-test a p value of <0.001 was considered as the level of statistical significance.

In group A *Mandala* have got relief in 75.5 % of patients,while *kandu & matsya shakalopam* have got relief in 63.8%,63.8% of patients respectively.

In Group B *Mandala* have got relief in 90.9% of patients, while *kandu & matsya shakalopam* have got relief in 90.9%,88.5% of patients respectively.

In Group A 75.5 % relief was observed in *Mandala*,In Group B 90.9 % relief was

observed.Hence group B provided statistically significant results at the level of  $p < 0.0001$  .Hence, group B provided better relief than group A therapy in *Mandala*.

In Group A 63.8 % relief was observed in *Kandu*, in Group B 90.9 % relief was observed.Hence, group B provided statistically significant results at the level of  $p < 0.0001$  .Hence, group B provided better relief than group A therapy in *Kandu*.

In Group A 63.8 % relief was observed in *Matsyashakalopam*,In Group B 88.5 % relief was observed. Hence group B provided statistically significant results at the level of  $p < 0.0001$  .Hence, group B provided better relief than group A therapy in *Mandala*.

In Group A, there is highly significant effect on PASI SCORE with p value 0.0004, on other hand in Group B ,is also highly significant with p value 0.0004.



In group A: 0% of patients gained good results, 47% of patients gained moderate and 53% of patients gained mild results.

In group B : 27 % of patients gained good results, 67% of patients gained moderate results, 6% of patients gained mild results and 0% of patients gained poor results.

## DISCUSSION

Main objective of this study was to evaluate efficacy of *shodhana* followed by *Shamana Snehapana*. For this purpose one group was given only *virechana karma*, other with *Virechana* followed by *Shamana snehapana* group B were effectively benefited in reduction of symptoms of *Ekakushta*.

*Citrakadi vati*<sup>5</sup> possessing *agni deepana* property thereby it restores the *agni* and checks the formation of *ama*. It is also having *pachana* property which helps in digesting already formed *ama*.

*Ghrita* is *Vatapitta hara* & by its *samskara* it also acts as *kaphahara* & *Kushta* is *ratapradoshaja*. *Ghrita* act as *pittahara* & *raktashodhaka*. As *Kushta* is *shakagataroga*, requires repeated *shodhana*, *shodhana snehapana* with *go ghritam* for *doshautkleshana*. In *vishrama kala abhyanga* and *swedana* helps in bringing *shakagata dosas* to *koshta* along with *swedana karma* which is essential prior to

*shodhana karma*. *Trivrutadi modaka* for *virechana* as *trivrut* is *sukha virechana* and indicated in *kushta chikitsa* by *Charaka*, administered for both groups for *virechana*.

*Brahmi ghritam* is mentioned in *kushta chikitsa*, so in this study it is used for *shamana snehapana* purposes. *Brahmi ghritam* posses mainly *tikta kashaya rasa*, which are beneficial to pacify the *kushta*. As *ghritam* is having *twakprasada kara*, *krimihara* and *varnya* thereby acts as *kushtahara*.

## PROBABLE MODE OF ACTION

*Go ghritam* as *shodhanaga snehapana*: *Charaka* mentioned *karmukata* of *shodhana snehapana* that by *Vruddi* (increasing) *Vishyandana* (dissolving) *Paka* (digesting) *Srotomukhavishodhana* (cleaning the orifice of srotas) & *Vayu nigrhana* the morbid *doshas* may be brought back from *srotas* to *koshta*<sup>6</sup>.

*Trivrtchurna*, *Pathya*, *Dhatri*, *Urubuka* (castor seeds) are the ingredients in *Trivruttadi modaka*. *Eranda* is *Rechana*, *Haritaki* is *Anulomana*<sup>7</sup>, *Trivrut* is *sukha virechaka*<sup>8</sup> possessing properties like *laghu*, *ruksha*, *tikshna*, *ushnavirya*. Due to *Teekshnaguna* the *dosha vilayana* takes place in the *srotas* by the *chedana*, *bhedana* actions. *Sukshma guna* allows entering into minute *srotas* of body. The *Vikasi guna*





separates the accumulated *doshas* from *dhatu*s, these properties helps in bringing the *doshas* to *koshta* and also eliminates from *koshta*. *Virechana* drug having predominance of *Prithvi* & *Apa mahabhutas* and *adhobagahara prabhava*<sup>9</sup>. These drugs soften the compactness of the *dosas* and disintegrate the larger molecules to smaller once. Then eliminates through the *adhobhaga* of body i.e., *guda* and then *mala*, *pitta*, *kapha* and *vata* are excreted by *virechana karma*. *Virechana yoga* gets absorbed and due to *veerya*, it reaches to *hrudaya*, then *dhamanis* and thereafter it reaches to *sthula* and *anusrota* of body. The *vyavayi guna*, drug is responsible for quick absorption. Then *vikasi guna* causes softening and loosening of the bond by *dhatu* (*shaitilya karma*). Due to *ushna guna*, the *dosha sanghata* (compactness) is disintegrated (*vishyandhana*). Action of *teeksha guna* is to break the *mala* and *dosha* in microform.

*Brahmi ghrita* as *Shamanasnehapana*: *Acharya Charaka* emphasized the role of *shaman snehapana* that if properly administered alleviated all the ailments instantaneously. It pacifies the aggravated *doshas* without expelling them and brings them back to their normal state, pervades all the system of the body, strengthens and

rejuvenates the body, sense organs, and mind. The action of *shamanasnehapana*s entirely at the time of administration *sneha*. *Brahmi ghrita* is given during *annakala*<sup>10</sup>, when patient is having good appetite, gets digested easily without adhering to the *srotases*. This *sneha* spreads all over the body gain access into the *sukshma rasayanis* and reaches the site of vitiated *doshas* by its virtue of *sukshmaguna*. After reaching the site of vitiation it pacifies the *doshas* by its *tikta* and *kashaya rasa* qualities of *brahmi*. *Charaka* has used the term *sarva marganusarini* to explain this particular action of *shaman sneha*.

*Twacha* is *vatasthana* as does *indriya uttejakkarma*, the basic pathology of Psoriasis is increased epidermopoesis which may be taken as *atipravrutti* caused due to vitiated *dosha*. This *ghrita* may reach up to stem cells present in stratum basale and may reduce the proliferation rate by acting as *vatashamaka*.

## CONCLUSION

*Virechana karma* is biopurification measure commonly applicable in general practices as it is easy to administrate. As *virechana* can be indicated in *pitta pradhanavyadhis*, *raktapradoshaja vikaras*, *vata* associated



*kapha* associated *tridoshaja* and other types of *vyadhis*.

*Ekakushta* is *vatakaphaja raktapradoshaja vyadhi* is one among *kshudra kushta* and it bears great resemblance with psoriasis.

Based on observations and results made in the study the following conclusions can be drawn, *Virechana karma* followed by *shamanasnehapana* is highly effective in the reduction of symptomology of *ekakushta*.

*Virechana karma* is also highly effective when performed in efficient manner.

*Virechana Karma* helps to control the epidermal cell cycle time there by reducing the recurrent rates.

The reduction of scaling, itching, erythema found in both the groups.

*Brahmighrita* is highly effective in *ekakushta* due to its *kandughna* property.

*Tridosha shamana*.

Prognosis of *Kushta* ranges from *Krichra sadya* to *yapya* for multiple reasons. *Shodhana* plays important role in management of psoriasis by removal of *kupita doshas* from their *moola sthana* and helps in controlling symptoms of prevents the relapse.



## REFERENCES

1. Charaka samhita Chikitsasthana chapter 7/39 page no: 329, rk Sharma choukhambha publications reprint 2016
2. Ashtanga hridayam uttarasthana 6/23-25rk Sharma Choukhambha publications reprint 2016
3. Charaka samhita kalpa sthana 7/50-51 page no: 71 rk Sharma Choukhambha publications reprint 2016.
4. Sushrutha samhitha chikitsa sthana9/53, page no: 113 prof. K. R. Srikanthamurthy, Choukhambha publications reprint 2016.
5. Charaka samhita Chikitsa sthana chapter 15/96-97 page no: 329, rk Sharma choukhambha publications reprint 2016
6. Charaka samhita sutra sthana chapter 28/33 page no: 580, rk Sharma choukhambha publications reprint 2016
7. Charaka samhita sutra sthana chapter 28/40 page no: 425, rk Sharma choukhambha publications reprint 2016
8. Charaka samhita sutra sthana chapter 28/40 page no: 425, rk Sharma choukhambha publications reprint 2016
9. Charaka samhita kalpa sthana chapter 1/4, rk Sharma choukhambha publications reprint 2016
10. Charaka samhita sutra sthana chapter 13/ 61 page no: 259, R.K. Sharma choukhambha publications reprint 2016

## BIBLIOGRAPHY

1. Dravyaguna vignana –vol II M.Mahesh Sharma, Gajananahedge, R.C. Mythrey, A Comparative clinical study on the management

of psoriasis w.s.r. to ekakushta int. res. ayur. pharm 2013; 4(1) : 84-89.

2. A Comparative clinical study on effect of virechana karma, shaman sneha in KitibhaKushtaw.s.r to psoriasis by Lingaraddi, Malakind