



ORIGINAL RESEARCH PAPER

Ayurveda

EFFICACY OF SHODHAN CHIKITSA AND SHAMAN SNEHAPANA IN THE MANAGEMENT OF EKAKUSHTHA (PSORIASIS)

KEY WORDS: Psoriasis, Ekakushtha, Shodhan, Shaman

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ABSTRACT

Psoriasis is one of the most dreadful dermatological condition affecting .44% to 2.88% of population of India. Psoriasis is Common genetically determined inflammatory skin disorder of unknown cause, It is characterized by well demarcated raised red swelling patch that preferentially localize to extensor surfaces. This condition is compared with Ekakushtha. Acharya has specifically emphasized on shodhan chikitsa in treating Kushtha because of its repeated relapse. Sixty patients were selected and randomly divided into two groups with 30 patients in each group. In Group A, Vamana, Virechana and Basti was administered once during the trial period. In Group B, Vamana, Virechana and Basti followed by Shaman Snehapana with Panchtikta Ghrita in the dose of 3karsha (36gm) for the period of 15 days was given. The average percentage of relief was slightly higher in Group B in comparison to Group A.

INTRODUCTION

Skin is the largest organ of our body. In Ayurvedic texts, it is described out of the five 'Gyanindriyas', which is responsible for 'SparshaGyan' or touch sensation; therefore it plays a great role in physical and mental well being of any individual. It plays a vital role in the body's general working.

Normal 10 - 15% of the General Practitioners work is with skin disorders (Rexburg's Common Skin Diseases) & it is the second commonest cause of loss of work in which Psoriasis is one of the most dreadful dermatological condition affecting 3.5 % of population of the world¹ and in India prevalence varies from .44% to 2.88%². Males & females are equally predisposed & all age groups are affected. Psoriasis is Common genetically determined inflammatory skin disorder of unknown cause, It is characterized by well demarcated raised red swelling patch that preferentially localize to extensor surfaces. It is oldest recorded skin disease. It is precipitated by climate, Streptococcal infections, etc. Modern medical science treats psoriasis with PUVA and corticosteroids. However, the medical aid offers serious aspect effects like liver, bone marrow depletion etc³.

In Ayurveda all skin diseases have been described under the heading of kushtha. They are further classified into Mahakushtha and Kshudra Kushtha. Acharyas have described that all kushthas have Tridoshic involvement but the type of kushtha depends on the predominance of particular doshas⁴. Acharya Charak has described the involvement of Vata-Kapha in Ekakushtha⁵. In the present study Ekakushtha is compared with Psoriasis due to its maximum resemblance with it's sign and symptoms. In case of treating kushtha, Acharya has specifically emphasized on shodhan chikitsa in treating Kushtha because of its repeated relapse. Shodhan therapy has distinct advantage over Shaman therapy because it overcome the repeated relapse.

Allopathic medicine gives serious side effects like bone marrow depletion, liver & kidney failure etc. Hence, it is the need of time to find out safe and effective medicine for Psoriasis, which provides long lasting results and a better life to patients.

AIM AND OBJECTIVE

Aim

To evaluate the efficacy of Shodhan chikitsa (Vamana, Virechana, basti) in Ekakushtha (Psoriasis).

Objectives

- To observe the effect of Shodhan Chikitsa in the

Management of Ekakushtha (Psoriasis).

- To observe the effect of Shaman Snehapana in the Management of Ekakushtha (Psoriasis).
- To compare the efficacy of Shodhan chikitsa with Shodhan chikitsa followed by Shaman Snehapana in the management of Ekakushtha (Psoriasis).

MATERIAL AND METHOD

Study Design:

Single Centre, open label, Randomized, Interventional and Comparative study.

Ethical clearance: This study was approved by Institutional Ethical Committee (IEC) of Ch. Brahm Prakash Ayurved Charak Sansthan, Khera Dabar, Najafgarh, New Delhi, before starting the clinical trial on patients of EkaKushtha (Psoriasis) and **CTRI Reg. No.** is CTRI/2018/02/012056 dated 21/02/2018.

Selection of patient:

The study was conducted on 60 clinically diagnosed and confirmed cases of Psoriasis from OPD of Ch. Brahm Prakash Ayurved Charak Sansthan, Khera Dabar, Najafgarh, New Delhi.

Criteria of diagnosis:

The main criteria of diagnosis of patients were based on the cardinal associated sign and symptoms of disease based on the Ayurvedic and modern texts.

Criteria of inclusion:

1. Patient showing sign and symptoms of Ekakushtha in Charak Samhita and Psoriasis diagnosis on the basis of Modern classics.
2. Gender- both
3. Age group -16-50years.
4. Disease duration >1 year

Exclusion criteria:

1. Age below the age is 15 year and above the age 50yr.
2. Psoriasis with TB, CANCER and other life threatening and complicated diseases and major systemic illnesses.
3. Severe condition of Psoriasis like Psoriatic arthritis.
4. Disease duration < 1 year.
5. Case under high dose of corticosteroids.
6. Pregnant Women

Criteria of withdrawal:

- During the course of trial if any serious condition or any

serious adverse effects of occur which required urgent treatment.

- Patient himself wants to withdraw from the clinical trial.

Grouping:

Patients were randomly divided and studied under two Groups viz. **Group A** and **Group B** irrespective of religion,

sex, occupation, cast etc.

GROUP A: In this group Shodhan chikitsa was given (Vamana, Virechana and Basti.)

GROUP B: In this group Shodhan chikitsa (Vamana, Virechana, Basti) followed by Shaman Snehapana was given.

TREATMENT SCHEDULE

Table No. 1 – Showing Procedure Protocol:

Procedure	DRUG ,DOSE	DURATION																
1. deepan And Paachana	2 Chitrakadivati ⁶ twice a day after taking meal	3days																
2. snehapana	Panchtikta Ghrita ⁷ as per koshta and Agni. (in morning with empty stomach 07.00AM)	3-7 days																
3. abhyanga & Swedan	Abhyanga with Tiltaila (35 min) and sarvanga sweda (10-15 min)	1 day																
4. vaman Karma (in Morning Kapha Kala)	Vamanayoga ⁸ - Madanphala (Antarnakmushthi) + Madhu (Q.S) Vamanopaga Dravya- Cowmilk, Yashtimadhu Phanta and Lavanodaka as per requirement.	1 Day																
5. Sansarjana Krama	Diet as per shuddhi (from the evening of vamana day) ⁹	3-7 days																
6. Snehapana	Panchtikta Ghrita as per koshta and Agni. (in morning with empty stomach 07.00AM)	3 days																
7. abhyanga & Swedan	Abhyanga with Tiltaila (35 min) and sarvanga sweda (10-15 min)	2 days																
8. virechan Karma	Abhyadimodak ¹⁰ as per koshta and Agni (In Pitta kala.).	1 days																
9. Sansarjan Krama	Diet as per shuddhi (from the evening of virechana day).	3-7 days																
10. Basti (yoga Basti)	Panchtikta Panchprasritika Basti ¹¹ (empty stomach in morning). And Anuvasana Basti ¹² (Immediately after taking lunch). A = Anuvasana Basti N = Niruha Basti Basti Schedule <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Day1</th> <th>Day2</th> <th>Day3</th> <th>Day4</th> <th>Day5</th> <th>Day6</th> <th>Day7</th> <th>D8</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>N</td> <td>A</td> <td>N</td> <td>A</td> <td>N</td> <td>A</td> <td>A</td> </tr> </tbody> </table>	Day1	Day2	Day3	Day4	Day5	Day6	Day7	D8	A	N	A	N	A	N	A	A	
Day1	Day2	Day3	Day4	Day5	Day6	Day7	D8											
A	N	A	N	A	N	A	A											

Medicine and dose schedule-

Drug-Panchtikta Ghrita (Shaman snehapana)

Dose-Madhyam Matra¹³ – Three Karshas (36gm)

Time of administration-When Patient feels Hungry. (In Shudhakala¹⁴)

Duration of clinical trial and Follow up : Total Duration of trial 2 month for each patient. Initial assessment – 0 day, Followup after vamana, after virechan, after Basti, and on 60 day.

Criteria of Assessment: For subjective parameters grading/scoring pattern were adopted which is as follows-

Subjective Parameters:

- **PASI Score (Psoriasis Area and Severity index)¹⁵ :**

PASI Score considered as both subjective and objective criteria as it covers both subjective scaling, induration and objective parameters as coverage area.

Table No. 2 – Showing PASI Score Parameter:

Elements of the Psoriasis Area and Severity Index (PASI)					
S. N.	Factor	Head	Upper limbs	Trunk	Lower limbs
1	Redness	0-4	0-4	0-4	0-4
2	Thickness	0-4	0-4	0-4	0-4
3	Scaling	0-4	0-4	0-4	0-4
4	Sum of rows 1, 2, and 3				
5	Area score				
6	Score of row 4 * row 5 * Area Multiplier	A	B	C	D
7	PASI score (A+B+C+D)				

Ratings for Redness, Thickness and Scaling
0 = clear; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very severe.
Area Score:
0 = 0%; 1 = 1 to 10%; 2 = 10–30%; 3 = 30–50%; 4 = 50– 70%; 5 = 70–90%; 6 = 90–100%.
Area Multiplier:
Head = 0.1; Upper limbs = 0.2; Trunk = 0.3; Lower limbs = 0.4

Interpretation: Minimum Score – 0;
Maximum score- 72

- **Subjective parameters as per Ayurvedic classics (Charak Chikitsa sthana 7/22)**

Table No. 3 – Showing Subjective Parameter as per Ayurvedic Classics:

CRITERIA	SCALE	SCORE
1. Matsyashaki opamam (Scaling)	No Scaling	0
	Scaling off between 15-28 days	1
	Scaling off between 7-15 days	2
	Scaling of between 4-7 days	3
2. Mandala (erythema)	Scaling off between 1-4 days	4
	Normal skin	0
	Faint or Near to Normal	1
	Blanching +Red colour	2
3. Kandu (itching)	No Blanching +Red Colour	3
	Red colour +Subcutaneous	4
	No Itching	0
	Mild/Occasional Itching	1
4. Bahalatva (epidermal thickening)	Moderate (Tolerable) Infrequent	2
	Severe Itching Frequently	3
	Very severe Itching Disturbing Sleep and other activity	4
	No Bahalatva	0
5. Aswedana (anhydrosis)	Mild Thickening	1
	Moderate Thickening	2
	Very Thick	3
	Very Thick With Induration	4
6. Rukshta (dryness)	Normal	0
	Improvement	1
	Present in few lesions.	2
	Present in all Lesions.	3
7. Aswedanam in lesion and uninvolved skin	Aswedanam in lesion and uninvolved skin	4
	No line on scrubbing with nail.	0
	Faint line on scrubbing by nail.	1
	Lining and even words can be written on scrubbing by nail.	2
8. Rukshta leading to crack formation	Excessive rukshta leading to kandu.	3
	Rukshta leading to crack formation	4

RESULT

Table No. 4 – Showing the % Relief in both Groups in Assessment Parameters:

Assessment Parameters	% Relief in Group A	%Relief in Group B
Matsyashakalopamam	93.80%	96.02%
Mandala	76.65%	80.58%
Kandu	89.65%	91.00%
Bhavalata	70.46%	69.12%
Aswedana	89.89%	95.97%
Rukshata	88.76%	95.62%
PASI	79.40%	78.86%

OBSERVATION

Maximum 36.7% of patients were from the age group of 31-40 years, 76.7% were male, 98.3% were of Hindu religion, 68.3% were married, 60% were urban habitat, 71.7% were from middle class, 65% patients having addiction to tea, 81.7% were of vegetarian history, 75% were having of irregular bowel, 41% were having medium appetite, 31.7% were service man, 41.75% were having Mandagni, 68.3% were having Madhyama koshttha, 48.3% belongs to Pitta-Kaphaja/Kapha- Pittaja Prakriti, 43.3% belonged to Tamasika Prakriti and 40% belonged to Rajasika Prakriti and 46.7% patients were taking Lavana Rasa Atisevana.

Data Related to Disease:

Each patients were having chronicity history of in between 0 to 5 years, 31.7% were having the positive family history, 73.3% were Psoriasis aggravated in winter season, 78.3% were triggered by Emotional stress, 80% patients were taking Allopathic treatment regularly, 55% patients were Plaque type of skin lesion, 98.3% were gradual onset, 78.3% patients were having asymmetrical pattern of skin lesion.

Data Related to Karma:

- Vamana:** Snehapana duration before Vamana showed that Maximum 30 (50.0%) patients were administered Snehapana for 7 days, maximum amount of total Abhyantara Snehapana before Vamana was more in group B i.e. 807.50±117.27 ml, maximum patients i.e. 34 (56.7%) had Pittanta Shuddhi, majority of patients i.e. 54 (90%) samayaka Vamana lakshana was seen, and Atiyoga lakshana was observed in 1 (1.7%), total Vegiki shuddhi was i.e. ~6.83±1.61 almost same in both group, 33 (55%) patients were follow sansarjana Krama for 7 days.
- Virechana:** Maximum 53(88.3%) patients were administered Snehapana for 3 days before Virechana. Total quantity of Abhyantara Snehapana before Virechana was almost same in both group. Total Vega after Virechana was i.e. ~16.47±5.55 almost same in both group. Maximum patients i.e. 50 (83.3%) had Kaphanta Shuddhi. Majority of patients i.e. 56 (91.7%) samayaka Vamana lakshana was observed, 38(63.3%) patients were follow sansarjana Krama for 7 days.
- Basti:** Majority of patients i.e. 56 (93.3%) Samayaka Basti lakshana were observed and in 4 (6.7%) Asamyaka Basti lakshana were observed.

DISCUSSION

Panchakarmas are not only meant for Shodhan, but can also be used as measures for Langhana, Brumhana, Lekhana, and Shaman. Acharya Charaka has specifically mentioned that there is a chance of recurrence of disease when treated with only Shaman Therapy (internal medicine) but when Samsodhan is done there is no chance of recurrence or it is reduced significantly. As recurrent relapse is the major problem for Psoriasis patients so the Vamana, Virechana, and Basti we proved beneficial in preventing relapse. In this study patients have Bahudosha avastha so Shodhan has great importance and by the application of Shodhan therapy, cure of the diseases becomes easier due to removal of the root cause. Vamana, Virechana and Basti acts on microcellular level,

eliminates the toxins (Vitiated Dosha) from body and helps in maintaining normal functioning of body. It strengthens the immune mechanism and helps in preventing relapse. It is just act as medicated purification of the body so eliminate Dushita Dosha- Dushya So, we can say Vamana, Virechana and Basti is effective in relieving sign and symptoms of Ekakushttha.

CONCLUSION

After careful review of the result and discussion some conclusions are drawn which are as follows.

- The stastical data shows highly significant result in subjective parameters of Matasyashakalopamam, Aswedanam, Rukshata, Kandu, Bahalatva, Mandala and PASI Score in both groups.
- At follow up of 120 days Shodhana therapy found effective in decreasing Mandala Symptom, Basti Karma found significantly effective in decreasing Rukshata and Aswedana, Virechana Karma found significantly effective in decreasing Bhavalata
- Comparing the symptomatic improvement in all two groups it was found that average percentage of relief was slightly higher in Group B (Shodhana Karma followed by Shaman snehapna) in comparison to Group A (Shodhana Chikitsa). It shows that efficacy of Shamana therapy is more after Shodhana Chikitsa but statistically the difference between the effects of two therapy is insignificant, so it is concluded that patients can be given only complete Shodhana therapy without any follow up medicine.

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