



**CLINICAL EFFICACY OF VIRECHANA AND SHAMANA SNEHAPNA IN EKA
KUSHTA W.S.R TO PSORIASIS – A RANDOMIZED TRIAL**

Dr. Prarthana T.*¹, Dr. Veena G. Rao² and Dr. Aruna³

¹Assistant Professor, Dept of Panchakarma, Sri Sri College of Ayurvedic Science, Bangalore.

²Professor, Dept of PG Studies in Panchakarma, JSSAMC and H, Mysuru.

³HOD, Dept of PG Studies in Panchakarma, JSSAMC and H, Mysuru.

***Corresponding Author: Dr. Prarthana T.**

Assistant Professor, Dept of Panchakarma, Sri Sri College of Ayurvedic Science, Bangalore.

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ABSTRACT

Psoriasis is a chronic, non-infectious inflammatory dermatosis characterized by well-demarcated erythematous plaques topped by silvery scales. High variability and unpredictability is the hallmark of this chronic affliction. It can be correlated to *Eka kushta* based on signs & symptoms. The present study was carried out by placing patients randomly into 2 groups comprising 20 each in *virechana* group and *shamana sneha* group. The response to the treatment was recorded and therapeutic effects were evaluated by PASI. The results revealed that Group A(*virechana*) showed better results than Group B(*shamanasneha*)

KEYWORDS: Psoriasis, *Ekakusta*, *Virechana*, *Shamanasneha*.

INTRODUCTION

The modern medicine describes leprosy with the help of 4 D's as, Discomfort, Disability, Disfigurement and lastly Death. In case of Psoriasis first 3 D's Discomfort, Disability, Disfigurement are observed. Ayurveda texts do not give a direct reference towards a single disease which can be compared with the modern day "Psoriasis". Many entities like "*Kitibha*", "*Charmadala*" and "*Eka kushta*" are compared with it. Psoriasis is a non-infectious, chronic inflammatory disease of skin, characterized by well-defined erythematous plaques with silvery white scale with a predilection, for the extensor surface and scalp, and a chronic fluctuating course.^[1] Its incidence is 1-2% of world population.^[2] The disease *Kitibha* does not have scaling as such but *shyavavarna* (blackish discoloration) and *kharasparsha* (roughness) can be noted. *Charmadala* on the other hand has *sphota* (blisters) and *ruja* (pain) as the important features along with scaling. However, Psoriasis is a painless condition. On the contrary, it is called as "The healthy man's disease". *Eka-kushta* consists of the signs and symptoms i.e. *Aswedana* (absence of sweating), *Mahavastu* (vast spreads) and *Matsyashakalopama* (plaques)^[3] Which can be compared with Psoriasis and hence it has been taken as the analogue to Psoriasis in the present research work.

Elimination & palliation of dosha involved are the treatment protocols mentioned for all diseases. *Shamananga chikitsa* with *ghrutapana* is appropriate when the *vata dosha* is dominating the *samprapthi*, however when *rakta* as chief *dushya* is dominating the

pathogenesis, then *virechana* is ideal. With the above ideology, the objective of the intended work is to do a comparative study of *Virechana* and *Shamana Snehapana* in *Ekakushta* with special reference to psoriasis by the administration of "*Nimbadi ghrita*".

MATERIALS AND METHODS

Two groups named as "Group A" (*Virechana* group with *Nimbadi Ghrita* for *snehapana*) and "Group B" (*Shamana Sneha* with *Nimbadi Ghrita*) were formed comprising of 20 patients each selected from the O.P.D. and I.P.D. of JSS Ayurveda Medial College, Mysore. Ethical clearance has been obtained from the institution.

Study Design

Inclusion criteria

- Patients having *lakshanas* of *EkaKushta* – *Matsyashakalopama mandala* with or without associated features of *eka Kushta*.
- Patients having any type of Psoriasis except pustular type of Psoriasis.
- Patients of either sex between the age group of 16-60 years.
- Patients fit for *Snehapana*.
- Patients fit for *Virechana Karma*.

Exclusion criteria

- Patients with any systemic diseases that may interfere with the course of treatment.
- Patients under corticosteroids treatment and other immune suppressants.
- Pregnant and lactating women.

- Patients unfit for *sneha pana* and *virechana*.
- Patients with pustular type of Psoriasis.

Diagnostic criteria

- Lakshanas of *Ekakushta* – *Matsyashakalopama mandala* (silvery scales)
Aswedanam (loss of sweat)
Mahavastu (larger area of lesion)
Krishna arunavarna

Signs and Symptoms of Psoriasis

- Well defined lesions in plaque type.
- Generalized lesion all over the body in erythrodermatype.
- Papular in guttate type of Psoriasis.
- Surface with silvery scales.
- Glossy homogenous erythema under the scales.
- Nail changes – punctate pitting on nail plate, onycholysis.
Beau's lines on nails (transverse ridges), psoriatic arthritis.
- Candle grease sign.
- Auspitz sign.

Data obtained during the clinical study was tabulated and statistically analyzed using Student's test and unpaired 't' test.

Investigations: RBS, Lipid Profile, skin biopsy (If necessary)

INTERVENTION

1. Virechana Karma

Purvakarma: *Deepana, Pachana* was given with *panchakolachurna* 5g tid (Before food) for a period of 3 days (till *niramalakshana*). *Snehapana* was done with *Nimbadi ghrita* for a period of 5-7 days by using the *aarohanakrama*. Here the *hrasiyasi matra* of 30 ml was given on the first day. Then depending on the time of digestion of the *sneha* the dose of the second day was calculated. On the second day the *hrasva matra* of the *sneha* was given and from the third day onwards the *madhyama matra* of *sneha* was given, till the patient achieved *samyak snigdha lakshnas*. *Shodhana purva abhyanga* was done with *Murchita Tilataila*. This was followed by *ushna jala snana*. This was done for a period of 3 days.

Pradhanakarma: On the fourth day after *abhyanga & ushnajala snana, Virechana yoga, Trivrit lehya* was given with dosage of approx. 30-50g. The dose was fixed according to *agnibala* and type of *kostha*.

Table 3 - Showing Gradings of Rukshata (dryness).

<i>Rukshata:</i>	Score
No line on scrubbing with nail	0
Faint line on scrubbing by nail	1
Linings and even words can be written on scrubbing by nail	2
Excessive rukshata leading to itching	3

Paschatkarma: *Peyadi Samsarjana karma* was followed after *virechana*, depending on the *Shuddhi lakshanas* for 3-7 days.

2. Shamanasnehapana

Purva karma: *Deepana pachana* with *panchakola churna* 5g tid for 3-5 days.

Pradhana karma: Patients were asked to take 36ml of *nimbadi ghrita* for 30 days regularly at *Annakala* (8 am) and were asked to follow specific diet regimen i.e. *peya*, etc.

Paschat karma: *Peyadi samsarjana karma* was done for 5 days after *snehapana*.

Follow - up Duration: 7th day, 14th day and 21st day from the last day of treatment for one month.

Assessment Criteria

The cardinal clinical manifestations, both subjective symptoms as well as objective signs of *Eka Kushta* scored according to the severity and considered as the assessment criteria for the study.

Table 1-Showing Gradings of Matsyashakala (silvery scales).

Size of <i>matsyashakala</i>	Score
Absent	0
0 - 5 cms	1
6 - 10 cms	2
More than 10 cms	3

Table 2 - Showing Gradings of Aswedana (loss of sweat).

<i>Aswedana</i>	Score
Normal sweating	0
Mild sweating	1
Mild sweating after exercise	2
No sweating after exercise	3

Table 4: Showing Gradings of Shyava-Arunata(colour of lesion).

Shyava -Arunata:	Score
Normal coloration	0
Near to normal which looks like normal colour to distant observe	1
Reddish coloration	2
Blackish red discoloration	3

Table 5: Showing Grading of Kandu(itching).

Kandu	Score
No kandu	0
Kandu present but not disturbing routine work	1
Kandu distracting patient's attention	2
Intolerable kandu distracting patients sleep	3

Table 6: Showing Gradings ofAuspitz sign.

Auspitz Sign	
Absent	0
Present	1

Table 7: Showing Gradings of Candle grease sign.

Candle Greese Sign	
Absent	0
Present	1

PASI Scale^[4]

To understand overall effect of *Virechana karma* on Psoriasis, the Psoriasis Area and Severity Index (P.A.S.I) scoring method was adopted. For the PASI, erythema,

induration, desquamation were calculated and area of the body is divided into four sections each of these areas is scored by Skin itself and then the four scores are combined into the final PASI.

$$\text{PASI SCORE} = 0.1 (Eh+Ih+Dh) \times Ah + 0.2 (Eu+Iu+Du) \times Au + 0.3 (Et+It+Dt) \times At + 0.4 (EL+IL+DL) \times AL$$

Observations and Results

In the tables below, mean of observed values after treatment was calculated and mean difference, standard error, t values were calculated and then was referred for P-value which was .01 using spss software.

Table 8: Showing statistical analysis of Before &After Treatment (group A).

Symptoms	Mean Values		Sd(±)	Se(±)	T	P-value	Result
	BT	AT					
MATHSYSHAKALA	1.6190	0.0952	0.6015	.1312	11.608	0.000	<0.001(HS)
ASWEDANA	2.9048	2.6667	0.4364	.0952	2.500	.021	>0.01 (NS)
SHYAVA-ARUNATA	2.3810	1.1905	0.5117	.1116	10.660	.000	<0.001(HS)
RUKSHATHA	1.5714	0.2381	0.6582	.1436	9.282	.000	<0.001(HS)
KANDU	1.3810	0.1905	0.6796	.1483	8.027	.000	<0.001(HS)

Table 9: Showing statistical analysis of Before Treatment &After Treatment (group B).

Symptoms	Mean Values		SD(±)	SE(±)	t	p-value	Result
	BT	AT					
MATHSYSHAKALA	1.6000	.4000	.41039	.09177	13.077	.000	<0.001(HS)
ASWEDANA	2.4000	2.2000	.41039	.09177	2.179	.042	>0.01(NS)
SHYAVAARUNATA	2.2500	1.4500	.52315	.11698	6.839	.000	<0.001(HS)
RUKSHATHA	1.4000	0.1000	.57124	.12773	10.177	.000	<0.001(HS)
KANDU	1.2500	0.4000	.48936	.10942	7.768	.000	<0.001(HS)

Effect of Therapy In Subjective Parameters

In group A, after treatment, the parameters matsyashakala showed 94.1% reduction and highly significant at $P=.000$, shyavaarunata showed 50% reduction and highly significant at $P=.000$, kandu showed 86.21% reduction and highly significant at $P=.000$, rukshata showed 84.85% reduction and highly significant at $P=.000$ and aswedanam showed 8.2% reduction and was statistically not significant at $P=.021$. Auspitz sign reduced by 100% and shows high significance at $P=.000$ & candle grease sign reduced by

95% and shows high significance at $P= .000$ after treatment.

In group – B, the parameters matsyashakala had reduced by 75% and was statistically significant at $P=.000$, shyavaarunata had reduced by 35.6% and was statistically significant at $P=.000$, kandu had reduced by 68% and was statistically significant at $P=.000$, rukshata had reduced by 92.8% and was statistically significant at $P=.000$ aswedanam had reduced by 8.4% and was statistically not significant at $P=.042$. Auspitz sign

reduced by 87.5% and was statistically significant at $P=.005$ & Candle Grease had reduced by 90% and was statistically significant at $P=.000$.

Effect of Therapy in Objective Parameters

In group – A, the PASI score statistically analyzed after snehapana reduced by 38.3% and shows significance at $P=.000$ & after virechana reduced by 62.22% and shows high significance at $P=.000$.

In group – B, the after treatment PASI had reduced by 44% and was statistically significant at $P=.000$, during treatment PASI was statistically not significant.

DISCUSSION

Ekakushta is a *Vata-kapha pradhana twak vikara. shamana sneha chikitsa* with *ghrita pana* is appropriate when the vata dosha is dominating the Samprapti, however when rakta which is the chief dushya is dominating the pathogenesis, then *virechana* is ideal.^[5]

Among Shodhana therapies described in Ayurveda, Virechana is most commonly used procedure especially it is best for the removal of disorders occurring due to vitiated Pitta. Rakta has an inevitable role in the pathogenesis in kushta, since *pitta* and rakta have the bond of ashraaya & ashraya bhava, it helps in mitigating *rakta* as well. Along with this, it is also useful in the disorders in which Pitta is associated with Kapha, or Dushita *Kapha* in Pitta Sthana.^[6]

Both Achraya Charaka and Achraya *Vagbhatta* has described the timing regarding the administration of shamanasneha. Acharya charka says *shamana sneha* should be administered when the person feels desire for food^[7] or hungry but should not be too hungry. Chakrapani states that shamana sneha should be taken in morning when the person is hungry, as it causes kshaya of koshtastha dosha & does not cause utklesha & hence serve the purpose of *shamana* of the dosha.^[8]

In the virechana group, On the fourth day of Snehapana most of the patients had subsidence of Rukshata and on the last day (5th /6th /7th day) of Snehapana, Shyava Arunata and matsyashakala had considerably reduced and there was marked difference in induration of lesion.

Sarvadaihika Abhyanga was done with Sukhoshna Moorchita Tila Taila for 3 days. It accelerates the movement of lymph, by which some waste products are put out of the body. It also helps to increase the circulation of blood which carries nutritional products. Twak Mardavata and Anga *Laghava* was seen in maximum number of patients. After abhyanga, there was significant improvement in *Matsyashakala* and Shyavaarunata. Sarvanga Swedana is contraindicated in kushta. Kushta is one of the diseases mentioned in ayogya of Swedana, hence Ushna jala snana was performed. Few of the patients experienced slight shrinkage in lesions and annular type of healing was

observed in most of the patients. There was 94.1% reduction in matsyashakala, 86.21% reduction in kandu and 50% reduction in shyava arunata, 84.85% reduction in rukshata. Even though the lesions had shrunk in size, it did not bring about a difference in area calculation of PASI system of scoring.

In the Shamana Sneha group there was thinning of scales observed in patients during shamana snehapana and matsyashakala had shrunk in size. Rukshata had considerably reduced. These are probably due to the action of sneha guna which is opposite in qualities to the symptoms. Shyava arunata was also considerably reduced due to the effect of sneha as it consists of tikta rasa which acts directly on vata and pitta dosha.

It was observed that when the ghrita was given for a period of 1 month, there was slight increase in lipid profile. From this observation, we can state that when nimbadi ghrita is used for a longer period in shorter dose causes increase in lipid profile. 3 patients had taken the sneha before 7 am, there were new lesions found and were hence dropped out of the study. This shows that Shamana Sneha when taken during Kapha kala aggravates the disease and does not facilitate the shamana of vyadhi. There was 75% reduction in matsyashakalata 92.8% reduction in rukshata, 35.6% reduction in shyavavarnata, 68% reduction in Kandu in this group.

At the end of the treatment Group A showed marked improvement in 14.28% and moderate improvement in 85.71% of patients. Group B showed marked improvement in 10% moderate improvement in 35% and mild improvement in 55% of patients.

CONCLUSION

There was significant reduction of scaling, itching and erythema found in all patients after virechana as compared to that of shamana group of patients. Virechana karma helps to control the epidermal cell cycle time there by reducing the recurrence rates. On comparison, Virechana group (GroupA) has shown better result in reducing the symptoms of Eka Kushta than shaman snehapana group(GroupB). Shamanasneha gave better results in people who had less lesions(alpadosha).

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