

ORIGINAL RESEARCH ARTICLE

**A Comparative study on Vamana Karma by Using Shuddha Ghrita and Samskarita Ghrita as Abhyantara Snehapana in Ekakushtha w.s.r. to Psoriasis**

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Received 07 May 2013; Revised 09 Aug 2013; Accepted 18 Aug 2013

**ABSTRACT**

Psoriasis is most common skin disease which has social impact. Here Ekakushtha is correlated with psoriasis due to its maximum resemblance with it. Charaka mentioned Vata Kapha dominancy, Vagabhatta also told same and Sushruta mentioned Kapha dominancy. In classical text, Acharya emphasis the Shodhana therapy as the line of treatment at various places. In the present comparative study of Vamana with two different Snehapana is selected to find out that which Snehana is more appropriate for Vamana. In A group, Shuddha Ghrita as internal Snehana & in B group Amrita Ghrita as internal Snehana was selected & in both the group Vamana was common after Snehana Karma & followed by Sansarjana Krama. Panchnimba Vati was also common as Shamana Yoga after Sansarjana Krama. Better result was found in B group. So, it is better to manage Ekakushtha by Vamana Karma Using Samskarita Ghrita as internal Snehapana in place of Shuddha (plain) Ghrita.

**Key words:** Ekakushtha, Psoriasis, Shuddha Ghrita, Amrita Ghrita, Vamana Karma, Sansarjana Krama, Panchnimba Vati.

**INTRODUCTION**

Any disease that involves skin hampers one or many of these functions and gives the person a hideous look. As the skin diseases are perceptible to others, they are more painful for the patient and troublesome for the physician. Several skin diseases which affect the person's psychological status & disturb the social life, thus people have some kind of inferiority complex. Among those conditions psoriasis is most common, because it affects body and psychological status of the person. In Ayurveda, skin diseases are explained under the common terminology 'Kushtha' which implies exposed diseases. Psoriasis is a skin disorder characterized by erythromatous, swollen skin lesions covered with silvery white scales. The involvement of Vata results in dry silvery or blackish plaques of psoriasis. Whereas itching in those affected areas is due to Kapha. Modern medical science treats psoriasis with PUVA and corticosteroids. But the therapy gives serious side effects like liver & kidney failure, bone marrow

depletion etc. Hence there is no any satisfactory result is seen. In Ayurvedic text, Acharya emphasis the Shodhana therapy <sup>[1]</sup> as the line of treatment of Kushtha roga. Charaka has highlighted the role of Panchakarma therapy <sup>[2]</sup> by stating that the disease treated by Shodhana will never recur whereas the treatment with Shamana therapy may recur in due course of time. Vamana therapy mainly removes the vitiated Kapha Dosha from Amashaya. So by eliminating Kapha Dosha, Vamana can cure Ekakushtha.

This research have selected as a comparative study of Vamana with two different Snehapana, because Snehapana is the main Purvakarma of Vamana/Virechana karma. As per routine tradition we are using Shuddha (Plain) Ghrita for Snehapana as Purvakarma of Vamana karma & Samskarita (Siddha) Ghrita for Shamana karma. But regarding Snehapana for Shodhana karma, there is no any clear or direct reference that Shuddha (Plain/Asadhita) Sneha should be used

for internal Snehapana. But there are some references of Samskarita Ghrita for Shodhana therapy in our classical text [3] as a Samskarita Ghrita for internal Snehapana in B group, Amrita Ghrita [4] was selected. So, it is some kind of controversy that when we go for Shodhana therapy, which Snehapana is more appropriate whether *Shuddha* or *Samskarita* which can perform better Shodhana and will give better result. That's why the present study is selected to put some effort in this direction.

## MATERIALS AND METHODS

Various available Ayurvedic texts and modern literature have been referred for the specific materials related with the concern topic.

The patients attending the O.P.D. & I.P.D. of Panchkarma department of I.P.G.T. & R.A., Guj. Ayurved University Jamnagar, having classical signs and symptoms of Ekakushtha (Psoriasis) were selected. A special Proforma including all the etiological factors of Kushtha with dushti Lakshana of Dosha, Dushya, and Srotas etc. were made for assessing all the patients. The patients were thoroughly questioned and examined on the basis of Proforma.

### Selection of patient:

Patient suffering from Ekakushtha (Psoriasis) were selected from the O.P.D. & I.P.D. of I.P.G.T. & R.A., Hospital Jamnagar irrespective of religion, sex, occupation, cast etc.

### Inclusion criteria:

- Age between 16 to 55 years.
- Ekakushtha is diagnosed by Ayurvedic classics.
- Psoriasis is diagnosed by modern view.

### Exclusion criteria:

- Age below the 16 years & above the 55 years.
- Disease psoriasis with involvement of D.M., T.B. and Carcinoma & other life threatened and Complicated diseases & major systemic illness.

### Criteria for diagnosis:

The patients were diagnosed and assessed thoroughly based on the Ayurvedic Classical signs and symptoms and examined on the Basis of special prepared Proforma.

### Criteria for the assessment of overall effect of the therapies:

- 1) Complete remission: 76%-100% relief in the signs and symptoms were Considered as complete remission.

- 2) Marked improvement: 51%- 75% relief in the signs and symptoms were considered as markedly improvement.
- 3) Improved: 26%-50 % relief in the signs and symptoms.
- 4) Unchanged: Below 25% relief in the signs and symptoms were considered as unchanged.

### Criteria for assessment of involvement of body surface area:

Scale	Percentage
Posterior surface and anterior surface of head and neck	9
Anterior and posterior surface of forearms	18+18 =36
Anterior and posterior and surface of trunk	18
Anterior and posterior and surface of feet, legs and buttocks	18+18 =36
Perineum including anus and uro genital	1

### Pathological investigation:

Blood for HB, TC, DC, ESR, BT, CT.

Routine and microscopically examination of urine.

### Biochemical investigation:

Lipid profile, FBS, Blood Urea, Serum Creatinine, Total Protein, SGPT, SGOT.

### Grouping:

Patients were randomly placed and studied under two Groups viz. Group A and Group B irrespective of religion, sex, occupation, cast etc.

### Group A:

Vamana karma with Shuddha Ghrita as Abhyantara Snehapana and Shamana yoga (Panchnimba Vati) after Sansarjana Krama.

### Group B:

Vamana karma with Amrita Ghrita as Abhyantara Snehapana and Shamana yoga (Panchnimba Vati) after Sansarjana Krama.

### Drug, Dose and Duration:

#### Group A:

- Internal Snehana by PLAIN COW GHRITA.
- Aakantha pana by Milk/Ikshu Rasa- approx.2 liters.
- Vamana yoga: Madanphala pippali 4 parts, Vacha 2 parts, Saindhava lavana 1 part and Honey Q.S.
- Yasthimadhu Phanta 3-4 liters approx. as per the capacity of Patient.

#### Group B:

- Internal Snehapana by AMRITA GHRITA. (Sha.M.Kh.9: 42)
- Aakantha pana by Milk/Ikshu Rasa- approx.2 liters.

- Vamana yoga: Madanphala pippali 4 parts, Vacha 2 parts, Saindhava lavana 1 part and Honey Q.S.
- Yasthimadhu Phanta 3-4 liters approx. as per the capacity of Patient.

#### **Internal Shamana Yoga:**

- **Panchnimba Vati** was prepared by giving 3 Bhavana of **Gaumutra** to the ingredients of **Panchnimba Churna** of Bhaishajya Ratnawali, Kushtha Chikitsa 76-79.
- Dose: - 3 Vati thrice a day (contains 500 mg each Vati)
- Duration: 4 weeks

#### **OBSERVATIONS:**

##### **General observations:**

Total 28 patients were registered; among them total 24 completed and 4 were LAMA (12 patients completed in each group and 2 patients LAMA in each group). In this series maximum number of patients i.e. 32.14% belonged to age group of 26-35, 96.43% Hindu, 71.43% male, 25% farmer, 82.14% married, 32.14% uneducated. 39.28 % patients belonged to lower middle nad middle class.

##### **Review of the personal history:**

Maximum numbers of patients were of Madhyama Koshta (57.14%), Maximum numbers of patients of this series were irregular (53.27%) bowel habit, and 53.57% patients were average Appetite. Maximum no patients were addicted to tea (75 %), Smoking (39.28%) while 25% patients were addicted to Tobacco.

##### **Review of Dashvidha Pariksha:**

In this series 39.28 % were Vata –Pitta Prakriti, Madhyama Sara (75%), Madhyama Satva (53.57%), and Madhyama Pramana (60.71%). Maximum observation of Vata Kapha dominancy was found (71.43%), Tvacha and Rakta dushti (100%), while Rasa dushti (67.86%) was found. Maximum Swedavaha Srotodushti (100%), where types of dushti was Sanga type (96.43%). Maximum no. of patients was from Jangala Desha (92.86%).

##### **Nidan Panchaka/Disease condition:**

Nidana Panchaka: Virruddha Aahara reported in 89.28% patients, Vega Dharana were observed 78.57%, Chinta was reported by 71.43%, 92.86% were observed as vegetarian, dominance of Rasa in the diet was Madhura (85.71%) and Lavana (42.86%) and 64.28% were having Adhyashana habit. Anxiety and depressed mood were observed

in maximum (39.28%). As **Purvarupa**, Pidika was observed maximum in patients (75%) followed by Kandu (64.28%). In the series of **Rupa**, Krishna Arun Varna, Kandu, Rukshata and Mandala were present in all patients and Matsyashakalopam was found in patients (96.43%).

##### **Disease condition:**

Maximum Plaque variety of lesion was in patients (71.43%). The Auspitz's sign was present in patients (89.28%). Winter as a aggravating factor (75%) and Nail involvement was found in patients (39.28%), patients (25%) were having 4-6 years chronicity, history of steroid therapy (92.86%), patients (7.14%) had +ve family history of Psoriasis.

#### **RESULTS**

##### **Karma observation:**

There was Samyaka Snigdha Lakshana on 7<sup>th</sup> day in patients (57.69%), in maximum no. of patients (62.50%) had seen Pravara Shuddhi followed by Madhyama Shuddhi (33.33%).

##### **Effect of therapy on laboratory value:**

###### **On Routine Hematological value:**

**Just after Snehapana**, it was observed that Hb% was increase by 1.58% in group A, While 7.69% in B group. There were no major changes after treatment in both the group.

###### **On Biochemical value:**

**Just after Snehapana**, Serum Triglyceride was increase by 10.16% in group A while in B group, FBS was decrease by 10.22%, S.Cholesterol was decrease by 10.81% and HDL was increased by 2.43%. **After treatment**, Triglyceride was decrease by 7.62% in group A while in group B, HDL was increase by 12.19%, S.Triglyceride was decrease by 12.12%.

##### **Effect of therapy after Snehapana on chief symptoms:**

**In A group**, the relief was 66.66% in Srava, 36.84% in Kandu, 32.43% in Matsyashakalopam, 18.18% in Rukshata, 15% in Raktabhpidika, 12.12% Krishna aruna Varna & Mahavastu, 8.57% in Mandala, 6.57% in Aswedanam, 28.57% in Vaisarpodbhava and 4.76% in Vaisarpodbhava. **Among them, relief in Kandu, Matsyashakalopam and Rukshata was statistically highly significant. In other symptoms result was insignificant.**

**While in B group**, the relief was 100% in Srava, 41.66% in Raktabhpidika, 40.54% in Matsyashakalopam, 38.70% in Mandala, 36.11%

in Rukshata, 34.37% in Kandu, and 26.47% in Krishna arun Varna, 25.80% in Aswedanam and 22.58% in Mahavastu and 20% Vaisarpodbhava. **Among them relief in Mahavastu and Vaisarpodbhava, result was statistically significant. Relief in Aswedanam, Matsyashakalopam, Krishna arun Varna, Kandu, Rukshata, Mandala and Raktabhpidika was highly significant.**

**Effect of therapy after Treatment on chief symptoms:**

**In group A**, the relief was 100% in Srava, 78.94% in Kandu, 72.97 % in Matsyashakalopam, 63.63% in Rukshata, 42.42% Krishna aruna Varna and Mahavastu , 40% in Raktabhpidika, 31.42% in Mandala, 28.57% in Vaisarpodbhava and 25.80% in Aswedanam. **Result was highly significant in Aswedanam, Mahavastu, Matsyashakalopam, Krishna arun Varna, Kandu, Rukshata, Raktabhpidika. Significant result was found in Mandala and Vaisarpodbhava. Insignificant result observed in Srava.**

**In group B**, the relief was 100% in Srava, 85.71% in Raktabhpidika, 81.08 % in Matsyashakalopam, 75% in Kandu, 72.22% in Rukshata, 64.70% in Krishna arun Varna, 55% in Vaisarpodbhava, 54.83% in Mandala, 52.94% in Aswedanam and 51.61% in Mahavastu. **Statistically highly significant result observed in all symptoms except Srava.**

**Total effect of therapy:**

- Complete remission was found in **8.33 % in group A** while **25% in group B**.
- Marked improvement was found in **58.33 % patients in each group**.
- Improvement was found in 16.67% patients in each group.  
Unchanged was found in **16.67% patients in group A & No patients remained unchanged in group B**.

## DISCUSSION

On Laboratory Value: **Just after Snehapana**, Hb% more increased in B group than group A that clearly shows the benefit of Snehapana by **Amrita (Guduchi) Ghrita** in B group. **Just after Snehapana**, increasing of Serum Triglyceride in group A and decreasing of FBS, S.Cholesterole as well as increasing of HDL in B group and also **after treatment**, increasing of Serum Triglyceride in group A and HDL was increased as well as S.Triglyceride was decreased in group B. That is clearly beneficial result of Amrita Ghrita

(Sha./M.K./9/42) which was made by single drug Guduchi (*Tinospora cordifolia*) and which has Kushthghna and Rasayana properties. In classics, Acharya Charaka (Ch/Su/13/91-92) and Vagabhatta (A.H./Su/16/43-44) told that if there is requirement of internal Snehapana in Patients of Kushtha, Shotha and Prameha, they should be oleated by Samskarita Sneha. Here it could be understand like that wherever Kleda Pradhana conditions are found like Kushtha or Prameha, Shuddha (Plain) Sneha is not advisable. So, in such types of conditions Samskarita Sneha should be given which should be made by beneficial medicine for those diseases, e.g. **Chakrapani told (on Charaka sutra 13/91,92),**

Diseases	Snehapana
Prameha	Triphala Siddha
Kushtha	Pippali Siddha
Shotha	Haritaki Siddha

**Gangadhara (on Charaka sutra 13/91, 92)** also told that Triphala, Haritaki & Pippali Siddha Sneha (Samskarita Sneha by all three drugs) is suitable for all these three diseases. Here in clinical study it shows that in A group Snehana by plain Ghrita increase Kleda (**Triglyceride increased by 10.16%** just after Snehapana), while in group B, **FBS was decreased by 10.22%, S.Cholesterole was decreased by 10.81%** & there were no changes in serum Triglyceride value, just after internal Snehana and **HDL was increased by 12.19%, S.Triglyceride was decreased by 12.12%**, just after treatment. Here Amrita Ghrita was prepared by Pure Cow ghee which is made by traditional method. Means cow ghee was taken which is made from curd base method, not from cream based method. First, curd was made from milk & then buttermilk was prepared from that curd. Then butter was taken from that buttermilk and finally ghee was prepared by boiling that butter. And it is to be believed that ghee prepared from this method may not be responsible for hyperlipidaemia or bad effect on lipid profile. *Latest research has been carried out in Dravyaguna department at NIA, Jaipur (Rajasthan, India (journal of Ayurveda, Jan-Mar 2008)) which is entitled "Pharmacological study of Cream based & Curd based Go-Ghrita with special reference to Lipid Profile."* Conclusion: *Go-Ghrita prepared by Curd base method is safe & does not increase lipid profile & it is an essential part of food, which is responsible for Snehana karma of the body and thus, prevents from Rukshana karma.* So Samskarita Sneha is more appropriate for these types of diseases

instead of Shuddha (Plain) Sneha where Kelda Pradhana conditions are presents. **Effect of therapy after Snehapana on chief symptoms** was more better in B group e.g. in group A, after Snehapana, only highly significant result is seen in Kandu, Matsyashakalopam and Rukshata while in B group in majority of symptoms highly significant results which show the important of Snehapana with Samskarita Ghrita that's why in B group it is additional effect of only Amrita Ghrita. **And Effect of therapy After Treatment (on chief symptoms) was more better in B group**, because Statistically highly significant result in majority of the symptoms in B group which supports to the Samskarita Sneha theory which was given for Kushtha, Shotha & Prameha roga. Here Tikta rasa of Guduchi is more helpful to remove the Srotosanga because of its Akasha Mahabhuta predominant constitution. These all beneficial properties of Guduchi for Kushtha roga shows highly significant result in B group. So on the base of obtained data we can say that why Charaka and Vagabhatta highlighted the word '**YOJAYED AVIKARI**' for Snehapana in Kushtha roga and highlighted Samskarita Ghrita as internal Snehapana.

## CONCLUSION

- Faulty/Wrong diet habits are observed in clinical study which is supporting to the concept of faulty diet habits as major causative factor in Kushtha roga.
- Fast and fast/fermented food may have a leading role in developing Ekakushtha.
- Madura and Lavana rasa predominant diet was observed. Lavana (Salt) should be restricted in skin disorder where Kleda pradhanata and Kapha dosha are found like in Psoriasis (Ekakushtha).
- Majority of the patients were observed under disturb emotions and stress. Stress may provoke and intensify itching in psoriatic patients.
- Disturbed psychological condition is observed in housewives, farmers, unemployed people.
- Data are also supporting to the Long Standing nature of Kushtha (**dI'Rraega[am** <sup>[6]</sup>), Because **50% of the patients were observed with more than 10 years chronicity.**

- Deeper Dhatu involvement Kushtha roga, like Ashtidhatugata condition is observed in clinical study. To manage such condition Basti can be given like **PANCHTIKTA NIRUHA** <sup>[7]</sup>.
- Better observations are found in B group which supports the Siddha Ghrita approach for Shodhana Karma.
- Supporting data has been obtained of Samskarita Ghrita approach for Vamana Karma in the management of Kushtha which is quoted in Charaka <sup>[8]</sup> and Vagabhatta <sup>[9]</sup>.
- Hence it can be said that it is better to manage Ekakushtha by Vamana Karma **Using Samskarita Ghrita as internal Snehapana in place of Shuddha (plain) Ghrita.**

**वमनकर्म का शुद्ध धृत एवं संस्कारित धृत पूर्वक एककुष्ठ के संदर्भ में तुलनात्मक अध्ययन**

सतिष वी पडशाला, वी। डी। शुक्ल एवं एन। एन। भट्ट  
आयुर्वेद शास्त्र में वर्णित एककुष्ठ व्याधि के साथ सोरायसीस कि समानता पायी जाती है, जो उन के लक्षणो पर आधारित है . यहां वमनकर्म का इस व्याधि के संदर्भ मे तुलनात्मक अध्ययन किया गया . जिस में एक वर्ग में शुद्ध धृत पूर्वक आभ्यंतर स्नेहन एवं अन्य वर्ग में संस्कारित धृत से स्नेहन करवा कर वमनकर्म का अध्ययन किया गया . अंत में संस्कारित धृत वाले वर्ग में ज्यादा बहेतर परिणाम पाये गए . जिस से फलित होता है कि शोधन कर्म में परिस्थिति के अनुसार संस्कारित धृत का आभ्यंतर स्नेहन ज्यादा लाभदायी रहता है .

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