Role of Shodhana in Ekkushtha (Psoriasis): Work Done at Gujarat Ayurveda University - A Review Study

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ABSTRACT

At present century with machine like routine, fast food & fast hectic life, man is being confronting with a variety of diseases. Improper dietary habits, less sleep, stress, pollution accelerate the disturbance in the body. At present era the skin diseases become a major hazard for mental health more than physical because it disturbs the cosmetic harmony. Psoriasis is one of the most common dermatologic diseases, affecting up to 2.5% of the world’s population. It is a non-contagious inflammatory skin disorder clinically characterized by erythematous, sharply demarcated and rounded plaques, covered by silvery scale. It can be co related with Ekakushtha which is having Asvedanam, Mahavastu and Matsyashakalopamam Avastha. Modern sciences advocate use of various medicines such as corticosteroids, anthalin, Psoralen and ultraviolet A phototherapy etc. But each of the treatment has side effects, Panchkarma therapy can give better results without side effect, so many works has been done for treatment of Ekkushtha(Psoriasis) in Gujarat Ayurveda University. Here an attempt has been done to summarize all work which was carried out through Panchkarma procedures e.g. Vamana, Virechana.

Key Words: Ekkushtha, Panchkarma, Psoriasis, Shodhana.

INTRODUCTION

Psoriasis is one amongst these notorious auto-immune disorders having deep psychological and social impacts. It is a chronic inflammatory disease with skin manifestations, aggravated by or can recur by number of triggering factors such as psychological (anxiety, stress, depression etc.), \(^1\) dietary (incompatible diet), \(^2\) lifestyle disturbances, \(^3\) environmental stress/changes), medications \(^4\) etc. The prevalence of Psoriasis is raising an alarming picture, as presently about 120-180 million of global population suffer from Psoriasis. \(^5\) In India, overall incidence of Psoriasis among total skin patients is 1.02%. \(^6\)

Skin disorder can be co-related with Kushtha in Ayurveda. Kushtha (skin disorders) has been considered among Ashtamahagada \(^7\) (octaominous disorders). Ekkushtha is one of the subtypes of Kushtha, which is equated with Psoriasis as they show similar manifestations such as Aswedanam (anhydrosis), Mahavastu (extent of lesion), Matsyashakalopamam (scaling). \(^8\) Contemporary available management options (synthetic drugs) are not much promising and are reported to have associated adverse effects, \(^9\)
Ayurvedic herbs, which are relatively significantly potent, more suitable and having negligible side effects than available synthetic agents, provide a better therapeutic intervention. Along with medicinal treatment, Ayurvedic procedures viz. Vamana, Virechana etc. are being successfully practiced by traditional physicians since long to manage Ekkushtha. Various clinical studies have been conducted in different Institutes of India on management of Ekkushtha. Considering the wide range of treatment modalities of Ekkushtha, in Ayurveda many research works have been carried out in Gujarat Ayurved University, Jamnagar aimed to achieve most suitable, effective management of Ekkushtha. The present study is an attempt to compile all available research works done on ShodhanaKarma in the management of psoriasis, and provide brief information about management contributions.

All the research works carried out in institutes under Gujarat Ayurved University viz. IPGT and RA, Jamnagar and Akhandanand institute, Ahmedabad, at PhD and PG levels on psoriasis during 1959 – 2013 were compiled and screened and cited to analyze the outcomes on the Ayurvedic lines of management on Psoriasis or Ekkushtha. These studies totally (PG-24 and PhD-3) were carried out. In department of Basic Principle (3), Kaya Chikitsha (9), Rasa Shastra and Bhaiishajya Kalpana (6) and Panchkarma (9) works were carried out.

**AIM:** To re-establish effect of Shodhana (Panchakarma) in Ekkushtha(Psoriasis).

**MATERIAL AND METHODS**

Works carried out in Department of Panchakarma at Gujarat Ayurved University, Jamnagar, India between the years 2001-2016 were compiled and screened to revalidate the effect of therapy in Ekkushtha (Psoriasis).

**Kanani V (2002)** [10]

Total 30 patients were registered out of them 27 patients completed the treatment. This study was directed to evaluate the role of the psychological factor in Psoriasis by using Mandukparni Vati. Patients were divided in two Groups. In both the Groups Abhyantara Snehana was done by Panchatikta Ghrita and Virechana Karmanwas accomplished by Itchchhabhedi Rasa and Triphala Kwatha with Prakshepa of Eranda Taila. In Group A for Shamana purpose Bhallataka Vati was administered internally and Jeevantyadi Lepa externally. In Group B Mandukaparni was administered in addition to the above mentioned Shamana drugs for 2 months after completion of Virechana. Study concluded that Mandukparni Group have better results and recurrence of disease is less too.


Total 40 patients of Ekkushtha were selected for the present study. They were divided into 2 groups; in group A 17 patients and group B 18 patients were treated. In Group A VamanaKarma was performed, Snehapana was done by using Go-ghrita and Vamana was given with Madanphaladi Yoga (Madanaphala-pippali 4 parts, Vacha 2 parts, SaindhavaLavana 1 part & Honey Q.S.) was given to the patients. After Samsarjanakrama, ShamanaYoga (Arogyavardhanirasa, Rasamaniya, GuduchiChurna) & Jivantyadi Yamaka for local application was given for 28 days. Group B patients were treated with Virechana (Virechana Yoga: Triphala Yavakuta Churna -100gm, KatukiYavakutaChurna-50gm, Trivritayavakuta-50gm, Icchabhedi Rasa-250 mg), after Samsarjana Karma, Shamana was given as per Group A for 28. Besides cardinal symptoms PASI Score and DLQI score was referred as assessment Criteria. Highly significant results were found in both groups. But much better results were found in Group B (Virechana) than Group A (Vamana).

**Pooja S (2008)** [12]

Total 20 patients of Ekkushtha were selected for the present study. They were divided into two groups; Group A and...
Group B. In Group A Virechana Karma was performed, Snehapan was done by using TikdashapatalkaGhrita and Virechana Karma was given with IchhabhediRasa, 125mg to 1gm per Koshtha and Bala. In Group B VirechanaKarma was performed, Snehapan was done by using Tikdashapatalka Ghritaand Virechana Karma was given with TrivritadiChurna (Trivrita, Triphala, Danti), IchhabhediRasa, 125mg to 1gm (as per Koshtha and Bala). Overall result of both groups indicate that Virechana is heaving promising result in case of Ekkustha. Among two Groups, Group A provided better result in all the parameters.


Total 28 patients were registered; among them total 24 completed & 4 were LAMA. They were divided into two groups; Group A and Group B. In Group A VamanaKarma was performed, Snehapan was done by using Go-ghrita and Vamana was given with Madanphaladi Yoga (Madanaphala-pippali 4 parts, Vacha 2 parts, SaindhavaLavana 1 part & Honey Q.S.) as per Koshtha and Bala, after SamsarjanaKramaShamanaYogaPanchanim bavati500mg thrice a day for 4 weeks was given to the patients. In Group B VamanaKarma was performed, Snehapan was done by using Amrita Ghrita and Vamana was given with Madanphaladi Yoga and Shamana yoga (as Group A) was given to the patients. In B group, statistically highly significant result was observed in all symptoms except Srava. Among two Groups, Group B provided better result in all the parameters.

RohiniJagtap (2009) [14]

Total 20 patients of Ekkushtha were selected for the present study. They were divided into two groups; Group A and Group B. In Group AVamanaKarma was performed, Snehapan was done by using Go-ghrita and Vamana was given with Madanphaladi Yoga as per Koshtha and Bala of the patients. In Group B VamanaKarma was performed, Snehapan was done by using VajrakGhrita and Vamana was given with Madanphaladi Yoga. Highly significant results were found in most of all the parameters of Group B. Group B provided better result in all the parameters.


Total 30 patients were registered; among them total 27 completed and 3 patients were discontinued. They were divided into two groups; Group A and Group B. In group A VamanaKarma was done by Madanphaladi Yoga and group B Vamana Karma was done by Krutavedhanaand for Shamana Yoga Panchatikta Ghrita 20 ml twice daily in both Groups for 15 days after Samsarjana Krama was given. Among two Groups, Group B provided better result in all the parameters than Group A.

Chetangulhan (2011) [16]

Total 33 patients were registered; among them total 28 patients were completed and 5 patients were discontinued. They were divided into two groups; Group A and Group B. In group A VirechanaKarma (Triphala4 part, Trivrita 2 part, KatukiYavakuta 1 part, ErandTaila 50-100 ml) was performed Group B-In this group Takradhara as a Shirodhara was given for 30-45 min. for 14 days. Takrawas prepared from cow milk with Amalaki - 250gm + Musta -100gm. Shamana Yoga (MakandiGhanavat) 500mg thrice a day for 15 days was given in both Groups after Virechana & Takradha. Group B showed better result in all the parameters. Among two Groups, Group B provided better result in all the parameters.

AbhishekYadav (2011) [17]

Total 28 patients were registered 24 completed & 4 were LAMA. They were divided into two groups; Group A and Group B. In Group A VamanaKarma was performed, Snehapan was done by using Pippaladighriti and Vamana was given with Krutavedhana Yoga (Krutavedhanabija Churna-6gm, Vacha Churna-3gm, Saindhava Lavana-3gm, Honey Q.S.) as per Koshtha and Bala, after SamsarjanaKramaShamanaYogaPippalyadi...
Vati6gm daily for 26 days was given to the patients. In Group B VamanaKarma was performed, Snehapana was done by using Go-ghrita and Vamana was given with Kritaedhavana. After Samsarjana Krama placebo tablet (Yava churna Vati) was given for 26 days. In both groups highly significant results were observed in Aswedana, Mahavastu, Matsyasahaklopamam, Kandu, Krishnavarna, Rukshata, Mandala and Vedana. But among two Groups, Group A provided better result in all the parameters.

**Ruchita Agrawal (2013)** [18]

Total 32 patients were registered & all completed treatment. They were divided into two groups; Group A and Group B. In Group A VamanaKarma was performed, Snehapana was done by using Go-ghrita and Vamana was given with Krutavedhavana Yoga (Krutavedhavana-bija Churna 6gm, Vacha Churna-3gm, Saindhava Lavana-3gm, Honey Q.S.) as per Koshtha and Bala, after Samsarjana Krama Shaman Yoga, Aaraghadadhadi Vati 4tab. thrice a day for 4 weeks was given to the patients. In Group B ShamanYoga, AaraghadadhadiVati 4tab. thrice a day with lukewarm water for 4 weeks was given to the patients. Among two Groups, Group A provided better result in all the parameters.

**Kuldeep Singh (2015)** [19]

Total 30 patients were selected for the present study. They were treated in 2 groups; in each group 15 patients were treated. In Group A VamanaKarma was performed, Snehapana was done by using Go-ghrita and Vamana was given with JimutakadiYoga (JimutakaChurna 3 part, VachaChurna 2 part, Saindhava Lavana 1 part). After Samsarjana Krama, NimbadviVati was given as Shamana, in the dose of 2gm thrice a day with luke warm water for 6 weeks. Group B patients were treated with NimbadviVati with dose and duration as per Group A. Besides cardinal symptoms PASI Score and DLQI score was referred as assessment Criteria. Highly significant results were found in all the parameters in Group A, where significant results were found in Group B. Among two Groups, Group A provided better result in all the parameters.

**JayeshOdedara (2016)** [20]

Total 60 patients were selected for the present study out of them 58 completed the treatment. They were treated in 2 groups. In Group AVirechanaKarma was performed, Snehapana was done by using Go-ghrita and Virechana was given with TrivrutadriYoga (Trivruta Churna 3 part, TriphalaChurna 2 part, Danti Churna 1 part). After Samsarjana Krama, Manjisthadi Kwatha 20ml/2 times, KaishorGuggulu (500mg) 2 tabs/3 times/day, GandhakRasayan (500mg)2 tabs/day was given as Shamana, with luke warm water for 6 weeks. Group B patients were treated with same as per Group A with ShiravedhanaKarma at the interval of 7 days, 4 sittings were done of ShiravedhanaKarma. Highly significant results were found in all the parameters in Group B, where significant results were found in Group A. Among two Groups, Group B provided better result in all the parameters.

**DISCUSSION**

Considering fulminant nature of skin lesions, watery and blood stained discharge, generalized weakness, body ache etc. It was clearly a case of Bahu Dosha Avastha in which Shodhana is first line of treatment. [21] Also while describing treatment of Kushta, Charaka has clearly advocated use of Shodhana in fulminant vitiation of Dosha such as present case. [22] Vagbhata has suggested use of repeated Shodhana in cases of Kushta. [23] In Ayurvedic classics, Kushta is indicated to be treated with various purification procedures such as Vamana, Virechana and Rakta-Mokshana. [24,25] Also in the treatment plan for Kushta the following regimen is mentioned: Vamana, Virechana and Rakta-Mokshana at 15 days, 1 month, and 6 months interval respectively. [26]

As per routine tradition we are using Shuddha (Plain) Ghrita for Snehapana as
Purvakarma of Vamana Karma & Sanskarita (Siddha) Ghrita for Shamana karma. 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 Sanskarita Ghrita for Shodhana therapy in our classical text. [27] Acharya Charaka mentioned that in Kushtha, Prameha & Shotha Snehana should be done with Siddha Ghrita. In above mentioned thesis most of the scholars used Sanskarita Ghrita for Abhyantar Snehana.

As per Acharya Charaka Snehana is the first line treatment of Vata Pradhan Kushtha and Vamana is the first line treatment for Kaphaja Kushtha. [28] In Kushtha there is excessive accumulation of Kleda and the contents of all Sanskarita Ghrita are mostly having Katu Rasa, Katu Vipaka, Ushna virya & Kapha Vata Shamak property and also most of the drugs are Kushthagnha, Amapachaka & Kleda Shoshaka in nature. So Sanskarita Ghrita was selected for Abhyantar Snehana prior to Vamana to increase the efficacy of the treatment.

In present Ayurvedic practice, mainly Madanaphala is widely used and other Vamana drugs & its formulations are not being practiced. Apart from Madanaphala, five other drugs and in total 355 formulations described in classics. Many scholars have tried Krutavedhana and Jimutaka for Vamana Karma. Krutavedhana is specifically mentioned for a Gadha Dosa condition, like Kushtha, Pandu, Pliha Rog, Shopa, Gara Visha, [29] So Krutavedhana may produce better Vamana Karma in comparison to Madanaphala. Likewise Jimutaka is also indicated in the treatment of Kushta disease by Acharya Charaka, ihas Tikta Rasa, Usna Virya and Katu Vipaka and when it is given with appropriate adjuvant, it can cure all diseases. [30] Apart from these drugs Vacha and Saindhav were also used. Vacha also have Urdhva bhaigara property with Katu & Tikta Rasa and Usna Virya and it can be used for vata- kapha Pradhan diseases for Vamana karma. Saindhava Lav ana has Kapahedana and Vamaka property, so it increases the efficacy of Vamana karma.

Vamana Karma expels out the Dosha and dragging them towards the Urdhva bhaigara through the Mukha. Amashaya is the specific seat of Pitta and Kapha. Vamana is a specific therapy for Kapha Dosha. Virechana Karma expels out the Dosha and dragging them towards the Kudha bhaigara through the Gu da. Pakvashaya and Grahani is the specific seat of Pitta and Vata. Virechana is a specific therapy for Pitta Dosha. Vamanaand Virechana drugs which are having Ushna, Tiksha, Suksha, Vyavayi and Vikasi property reaches the Hridaya by virtue of its Virya then following the Dhamani. It spreads in the whole body through large and small Srotas. Vamana drugs by their property and Vayu & Akasha Mahabhuta dominancy helps in eliminating the dosha from the Shakhato Koshta and then expelling them out from the body through oral route, Virechana drugs by their Adhobhagahar Prabhav and Pruthvi & Jala Mahabhuta dominancy helps in eliminating Dosha through anal route. [31]

All Acharya mentioned that Kushtha is the Rakta Vyadhi. In all the Twaka Vikara, the vitiation of Rakta and Pitta is mentioned. Virechana Karma is taken as it acts on all Dosha in general and Pitta and Rakta in particular. For the Virechana Yoga combination of different drugs having Virechana property were used. It consist of Triphala Yavakuta Chunra, Kutaki (Pichorrhizakurroa), Yavakuta Chunra, Trivrita (Operculinaturpethum) Yavakuta & Erand Taila this Yoga is more commonly used for Virechana. For Virechana Chabbedi Rasa, are purgatives and also useful in Kushtha. [32]

Four criteria are mentioned for Samyaka Yoga, Atiyoga, and Hinayoga of Vamana & Virechana like Vaigiki, Maniki, Laingiki, and Antiki. After detailed discussion, a due importance has been given to Laingiki and Antikicriteria for Samyaka Shudhhi. Vaigiki and Maniki Shuddhi
are considered mainly for deciding the Samsarjana Krama. An Antiki Shuddhi is an indicator (end point) to stop the procedure. Drug and dose should be decided by thorough examination of patients as mentioned in our classics. Ayoga and Atiyoga Lakshanas should be checked during the procedure to avoid complication and for its early management.

In these cases it was evident that Shodhana treatment showed good results in a severe case. Considering extensive dryness and scaling evident in Ekkushtha extensive external oleation is necessary to reduce itching and scaling. With the application of Vamana and Virechana Karma, a cleaning effect is found in the body. The medicines which are given after that eventually show better therapeutic action on the disease. Thus, it may be postulated that more receptor sites are available for the drug action. There is also a decreased autoimmune response as the concentration of autoimmune complexes may have reduced. Medicines used may also provide a kind of rejuvenating effect on the skin too.

Overall, Virechana showed better results than Vamana: this may be due to specificity of Virechana Karma for major pathology of disease i.e. Raktaja Vyadhi (disease due to vitiation of Rakta) as Pitta is Mala of Rakta. [33,34] Virechana is specific treatment for vitiation of Pitta. [35] Virechana suppresses Pitta anomalies thus ultimately it decreases alleviates Kushtha (Eka-Kushtha). For Snehana, Snehapana should be given with medicated Sneha.

Modern sciences advocate use of various medicines such as corticosteroids, anthalin, Psoralen and ultraviolet A phototherapy (PUVA), methotrexate etc. But each of the treatment potential side effects which could be resistance to treatment, thinning of skin, immune suppression and also as severe as formation of melanoma. [36] So potentials of treatments such as Panchakarma, eradicating the disease from its roots needs to be evaluated further.

CONCLUSION

After analyzing all research works, it was found that maximum works were done on Shamana Karma, while better results were found where Shodhana Karma was associated with Shamana Karma. Single schedule of Vamana Karma seems to be insufficient as there is recurrence of symptoms was observed in one patient following a period of six months. So, at least two schedules in one patient are required in one year. The process of Vamana causes exertion on the body. Thus, there are always chances of complication. This could be avoided by careful selection of the patient and in complicated cases Virechana Should be done.

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