

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 *Asvedanam* (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 Shodhana Karma 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 Ekakushta. These studies totaly (PG-24 and PhD-3) were carried out. In department of Basic Principle (3), Kaya Chikitsa (9), Rasa Shastra and Bhaishajya 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 Karma was accomplished by Itchhabhedi Rasa and Triphala Kwatha with Prakshepa of Eranda Taila. In Group A for Shamana purpose Bhallataka Vati was administered internally and Jeevantiyadi 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.

Akhilnath Parida (2008) ^[11]

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 Vamana Karma was performed, Snehanana was done by using Go-ghrita and Vamana was given with Madanaphaladi Yoga (Madanaphala-pippali 4 parts, Vacha 2 parts, Saindhava Lavana 1 part & Honey Q.S.) was given to the patients. After Samsarjanakrama, Shamana Yoga (Arogya-varadhani Rasa, Rasamanikya, Guduchi Churna) & Jivantiyadi Yamaka for local application was given for 28 days. Group B patients were treated with Virechana (Virechana Yoga: Triphala Yavakuta Churna -100gm, Katuki Yavakuta Churna -50gm, Trivritayavakuta-50gm, Ichhabhedi 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, *Snehapana* was done by using *TiktashatpalakaGhrita* and *Virechana Karma* was given with *IchhabhediRasa*, 125mg to 1gms per *Koshtha* and *Bala*. In Group B *VirechanaKarma* was performed, *Snehapana* was done by using *Tiktashatpalaka Ghrita* and *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.

Satish Padhsala (2009) [13]

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, *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.) as per *Koshtha* and *Bala*, after *SamsarjanaKramaShamanaYogaPanchanimbaVati* 500mg thrice a day for 4 weeks was given to the patients. In Group B *VamanaKarma* was performed, *Snehapana* 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.

Rohini Jagtap (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 A *VamanaKarma* was performed, *Snehapana* 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, *Snehapana* 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.

Jaimin Patel (2010) [15]

Total 30 patients were registered; among them total 27 patients 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 *Krutavedhana* and 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.

Chetangulhane (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* (*Triphala* 4 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. *Takra* was prepared from cow milk with *Amalaki* - 250gm + *Musta* -100gm. *ShamanaYoga* (*MakandiGhanavati*) 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.

Abhishek Yadav (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, *Snehapana* was done by using *Pippalyadighrita* and *Vamana* was given with *Krutavedhana Yoga* (*Krutavedhana-bija Churna*-6gm, *Vacha Churna*-3gm, *Saindhava Lavana*-3gm, Honey Q.S.) as per *Koshtha* and *Bala*, after *SamsarjanaKramaShamanaYogaPippalyadi*

Vati 6gm daily for 26 days was given to the patients. In Group B Vamana Karma was performed, Snehapana was done by using Go-ghrita and Vamana was given with Kritavedhana, After Samsarjana Krama placebo tablet (Yava churna Vati) was given for 26 days. In both groups highly significant results observed in Aswedana, Mahavastu, Matsyashaklopanam, Kandru, 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 Vamana Karma was performed, Snehapana was done by using Go-ghrita and Vamana was given with Krutavedhana Yoga (Krutavedhana-bija Churna-6gm, Vacha Churna-3gm, Saindhava Lavana-3gm, Honey Q.S.) as per Koshttha and Bala, after Samsarjana Krama Shaman Yoga, Aaraghavadhadi Vati 4tab. thrice a day for 4 weeks was given to the patients. In Group B Shaman Yoga, Aaraghavadhadi Vati 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 Vamana Karma was performed, Snehapana was done by using Go-ghrita and Vamana was given with Jimutakadi Yoga (Jimutaka Churna 3 part, Vacha Churna 2 part, Saindhava Lavana 1 part). After Samsarjana Krama, Nimbadi Vati 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 Nimbadi Vati 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.

Jayesh Odedara (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 A Virechana Karma was performed, Snehapana was done by using Go-ghrita and Virechana was given with Trivrutadi Yoga (Trivruta Churna 3 part, Triphala Churna 2 part, Danti Churna 1 part). After Samsarjana Krama, Manjisthadi Kwatha 20ml/2 times, Kaishor Guggulu (500mg) 2 tabs/3 times/day, Gandhak Rasayan (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 Shiravedhana Karma at the interval of 7 days, 4 sittings were done of Shirevedhana Karma. 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 Kushtha, 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 Kushtha. [23] In Ayurvedic classics, Kushtha is indicated to be treated with various purification procedures such as Vamana, Virechana and Rakta-Mokshana. [24,25] Also in the treatment plan for Kushtha 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

Purvakarman of *Vamana Karma* & *Samskarita (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 *Samskarita 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 *Samskarita Ghrita* for *Abhyantar Snehan*.

As per *Acharya Charaka Snehana* is the first line treatment of *Vata Pradhan Kushtha* and *Vamana* is the first line treatment for *Kaphaja Kustha*. [28] In *Kushtha* there is excessive accumulation of *Kleda* and the contents of all *Samskarita Ghrita* are mostly having *Katu Rasa*, *Katu Vipaka*, *Ushna virya* & *Kapha Vata Shamak* property and also most of the drugs are *Kushthaghnha, Amapachaka & Kleda Shoshaka* in nature. So *Samskarita Ghrita* was selected for *Abhyantara 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 Dosh* condition, like *Kushtha, Pandu, Pliha Rog, Shopha, Gara Visha*, [29] So *Krutavedhana* may produce better *Vamana Karma* in comparison to *Madanaphala*. Likewise *Jimutaka* is also indicated in the treatment of *Kustha* disease by *Acharya Charaka*, it has *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 *Urdhvabhaghara* property with *Katu & Tikta Rasa* and *Usna Virya* and it can be

used for *vata- kapha Pradhan* diseases for *Vamana karma*. *Saindhava Lavana* has *Kaphachedana* and *Vamaka* property, so it increases the efficacy of *Vamana karma*.

Vamana Karma expels out the *Dosha* and dragging them towards the *Urdhvabhaga* through the *Mukha*. *Amashaya* is the specific seat of *Pitta* and *Kapha*. *Vamana* is a specific therapy for *Kapha Dosh*. *Virechana Karma* expels out the *Dosha* and dragging them towards the *Adhobhaga* through the *Guda*. *Pakvashaya* and *Grahani* is the specific seat of *Pitta* and *Vata*. *Virechana* is a specific therapy for *Pitta Dosh*. *Vamana* and *Virechana* drugs which are having *Ushna, Tikshna, Sukshma, 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 Koshtha* 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 *Raktaj 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 Churna, Kutaki (Pichrorhizakurroa) Yavakuta Chunra, Trivrita (Operculinaturpethum) Yavakuta & Erand Taila* this *Yoga* is more commonly used for *Virechana*. For *Virechana Ichabhedi 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 *Antiki* criteria for *Samyaka Shudhhi*. *Vaigiki* and *Maniki Shudhhi*

are considered mainly for deciding the *SamsarjanaKrama*. An *AntikiShuddhi* 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 *VirechanaKarma*, 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 *VirechanaKarma* for major pathology of disease i.e. *RaktajaVyadhi* (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, anthralin, 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 *ShamanaKarma*, while better results were found where *ShodhanaKarma* was associated with *ShamanaKarma*. Single schedule of *VamanaKarma* 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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How to cite this article: Bhatt N, Bhagiya S, Thakar A et al. Role of *Shodhana* in *Ekkushtha* (psoriasis): work done at Gujarat ayurveda university - a review study. International Journal of Research and Review. 2017; 4(5):6-13.
