

A Comparative Clinical Study to Evaluate the Effect of Vajraka Ghrita and Murchita Ghrita as Shodhananga Sneha Followed by Virechana Karma in the Management of Eka Kushta with Special Reference Psoriasis

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ABSTRACT

Ekakusta is one amongst Kshudra Kushta. It is having the symptoms like Asweda, Mahavastu, Matsya Shakalopama[1], Krishna, Arunavarna discoloration[2] It is described in Bruhatryaes, Bhavapraksha,[3] and Bhelasamhita[4]. The feature of Ekakushta resembles with psoriasis a non infectious chronic inflammatory disease of the skin. Its root cause is remain unknown characterized by well defined erythematous plaques with silvery scale with a predilection for the extensor surface and scalp and chronic fluctuating[5]. It effects 2% - 3% of population, prevalence ranges from 0.1 % - 3 % in various population[6]. However there is often genetic predisposition and sometimes an obvious environmental trigger. It is equally common in both males and female and most common between 15-30 years age. In Ayurveda kushta is considered as Rakta Pradoshaja Vikara,[7] Virechana is choice of treatment in this Vikara Virechana Karma is a type of Shodhana in which Vitiated Doshas are expelled through Adho Marga. Virechana Karma has got a wide range of indication including various skin disorders because of its capacity to act over all the three Doshas. Vajrakaghrita[8] is Vatakaphashamaka, Indicated in Kusta. It contains Vasa, Guduchi, Triphala, Patola, Karanja, Nimba, Beejaka, Kusta and Vetasa which are Tikta Katu Pradhana Dravyas and thy acts as Vishaghna, Kustaghna, and Kandughna etc... properties which effectively counteract etiopatho genesis of psoriasis. Go-Ghrita is Vatapitta Shamaka and It is superior compared to all Snehas[9]. After murchana of Ghrita, It attains property of Tridosha Shamaka.

KEYWORDS: Vajraka ghrita Snehapana, Kustha, Murchita ghrita, Psoriasis

INTRODUCTION

Snehana is a procedure mentioned under Shad Upakrama which is being used independently for the promotion of health, cure of many diseases as well as a part of Shodhana as its Purvakarma. Snehana is an important preoperative procedure that has to be done before Shodhana. Proper Snehana is essential for attainment of Samyak Suddhi. Sneha is the important Karma that decides the whole outcome of Shodhana. The Shodhananga Snehana effect can be achieved by following one of the available methods of administration of Sneha such as, Matranusara Snehana, Arohana Snehana^[10], Sadyo Snehana and

Pravicharana Snehana. Currently Arohana Sneha Matra is done. Samyak Snehana is based on Agni and Koshta. Ekakushta was taken as the disease in this study as an example as it is a Bahu Doshaja Vyadhi. Psoriasis^[11] is one of the most common skin diseases, affecting up to 1-2% of the world's population. Males & females are equally predisposed & all the age groups are affected. It has been recognized as non-infectious, papulosquamous skin disease easily diagnosable in its typical form, usually runs a chronic course with remission and exacerbations. The exact etiology is still unknown, but many precipitating

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factors like genetic, environmental, immunological and psychological have been found to be influential in the manifestation of the disease. In Ayurveda there is no single entity, which can be exactly correlated with psoriasis. In present study it has been taken as Ekakushtha, because it is more similar with psoriasis than any other type of Kushtha.

MATERIALS AND METHODS:

SOURCE OF DATA-40 patients of Ekakushta from the I.P.D and O.P.D basis of T.G.A.M Colleg and Hospital, Ballary were selected irrespective of their age, sex, religion etc. They were examined clinically in detail according to the special proforma prepared for it.

Study design : A comparative clinical study with pre and post unpaired t test design this study was completed on 40 Subject 20 individual in each group.

INCLUSION CRITERIA

1. Patients showing signs and symptoms of Ekakusta.
2. patients aged above 16 years and below 60 years of age.
3. Patients fit for Virechana Karma.

EXCLUSION CRITERIA

1. Lactating and pregnant women.
2. Patients on oral Corticosteroid treatment.
3. Lesions with secondary infection.
4. Patients suffering from Guttate psoriasis with other systemic disorders like uncontrolled DM-2, uncontrolled HTN and immune compromised patients who are on regular medications which interfere with the intervention will be excluded.

DIAGNOSTIC CRITERIA ^[12]-Diagnosis were made on the basis of sign & symptoms of Eka Kushta as follows:

Mahavast
Matsya shakalam (scaling)
Aswedanam
Rukshata
Kandu Daha

Subjective Parameters :

- Asweda.
- Mahavastu
- Matsyashakalopamam

Any of the following Signs and symptoms of psoriasis;

- Itching
- Burning sensation
- Anhydrous
- Dryness
- Erythema
- Dry and silvery scaly skin

Objective Parameters:

- Auspitz sign
- Candle grease sign
- PASI^[13](psoriasis area and severity index)

Assesment schedule

Assessment will be done on BT-before treatment
AT1-before snehapana
AT2- after snehapana
AT- after treatment.

Study duration/follow up:

Treatment will be done for maximum 21 days.
Follow up will be done on 0th, 21st, 35th day.

Observation And Result

40 patients of Eka Kushtha (psoriasis) were randomly divided in to two groups each comprising of 20 patients. In group-A Snehapana with Murchita Ghrita and group-B Snehapana with Vajraka Ghrita is given and was calculated using a formula as mentioned in groups and research design.

The data was collected and scoring was given to each of the symptoms using gradation index. The parameters were assessed before and after intervention. Results were analysed statistically using unpaired "t" test. descriptive and inferential statistic were applied. The results were analysed individually and overall assessment was done on the basis of previously mentioned criteria.

Symptoms	mean score	% of Reduction	S.D of mean diff	S.E of mean diff	t value	P value	Remarks	
	BT	AT						
Aswedanam	3.7	0.9	75.67	0.695	0.145	19.56	<0.05	S
Mahavastu	2.7	0.7	74.07	0.858	0.1940	10.27	<0.05	S
Masthyashaka lopam	3.05	0.75	75.4	0.923	0.1830	12.58	<0.05	S
Kandu	3.25	0.7	78.46	0.945	0.2180	11.73	<0.05	S
Daha	0.15	0.25	66.66	0.552	0.1290	0.776	>0.05	NS
Rukshana	3.55	0.65	81.69	1.119	0.2150	13.513	<0.05	S
Raga	0.35	0	100	0.489	0.109	3.198	<0.05	S

TABLE No 01- Showing the results of clinical trial on symptoms of group-A

TABLE No 02- Showing the results of clinical trial on symptoms of group-B

Symptoms	mean score		% of Reduction	S.D of mean diff	S.E of mean diff	t value	P value	Remarks
	BT	AT						
Aswedanam	3.75	0.95	74.67	0.41	0.109	25.83	<0.05	S
Mahavastu	2.95	0.7	76.27	0.55	0.1500	14.89	<0.05	S
Masthyashaka lopam	3.15	0.7	77.78	0.686	0.1470	16.587	<0.05	S
Kandu	3.65	0.75	79.45	0.718	0.1430	20.155	<0.05	S
Daha	0.35	0.05	85.71	0.571	0.1170	2.56	<0.05	S
Rukshana	3.6	0.95	73.61	0.745	0.1560	16.98	<0.05	S
Raga	0.55	0.15	72.72	0.598	0.209	1.914	<0.05	S

TABLE:-03 COMPARING THE RESULTS AFTER FALLOW UP

GROUPS	MEAN BT	MEAN AT	MEAN DIFF	% OF IMPROVEMENT	S.D
A	2.37	0.56	1.525	63.19%	0.79
B	2.57	0.607	1.963	74.80%	0.61

Irrespective of the group there is significant decrease in the mean value from before treatment to after treatment. But between the group, group B is more statistically significant then group A.

TABLE-04 ASSESSMENT OF PASI SCORE OF BOTH GROUPS

PASI SORE	mean score		% of Reduction	S.D of mean diff	S.E of mean diff	t value	P value	Remarks
	BT	AT						
GROUP A	8.63	0.96	88.88	1.821	1.82	4.32	<0.05	S.S
GROUP B	9.22	1.08	88.29	1.539	2.07	5.287	<0.05	S.S

GROUP-A: In this parameter, statistical analysis has showed that mean score which was 8.63 before treatment was reduced to 0.96 after treatment. The percent of improvement was 88.88%, the PASI score was found statistically significant. ($p < 0.05$).

GROUP-B: In this parameter, statistical analysis has showed that mean score which was 9.22 before treatment was reduced to 1.08 after treatment. The percent of improvement was 88.29%, the PASI score was found statistically significant. ($p < 0.05$).

Irrespective of the group there is significant decrease in the mean value from before treatment to after treatment. But between the group there is no significant changes in statistical value of PASI score.

Overall assessment

In group A after snehapana 8 patient shown marked improvement, 6 patient shown moderate improvement and 6 patient shown mild improvement. In group B 13 patient shown marked improvement, 5 patient shown moderate improvement and 2 patient mild improvement.

After virechana in group- A 12 patient shown marked improvement, 6 patient shown moderate improvement and 2 patient mild improvement in group- B 16 patient shown marked improvement and 4 patient shown moderate improvement.

Discussion

EFFECT ON ASWEDANA:- In the group A the

percent of improvement is 75.67% after treatment. In group B the percent of improvement is 74.67% after treatment. It is observed that reduction of aswedana is found statistically significant in both the group but Group A is slightly better then groupB.

EFFECT ON MAHAVASTU: In the group A the percent of improvement is 74.07% after treatment. In group B the percent of improvement is 76.27% after treatment. It is observed that reduction of Mahavastu symptom is found statistically significant in both the group but GroupB is slightly better then groupA.

EFFECT ON MATHSYASHAKALOPA: In the group A the percent of improvement is 75.4% after treatment. In group B the percent of improvement is 77.78% after treatment. It is observed that reduction of Mathsyashakalopa symptom is found statistically significant in both the group but GroupB is slightly better then groupA

EFFECT ON KANDU: In the group A the percent of improvement is 78.46% after treatment. In group B the percent of improvement is 79.45% after treatment. It is observed that reduction of Kandu symptom is found statistically significant in both the group but Group B is slightly better then group A.

EFFECT ON DAHA: In the group A the percent of improvement is 66.66% after treatment. In group B the percent of improvement is 85.71% after treatment. It is observed that reduction of Daha symptom is found statistically significant in both the group but

Group B is slightly better than group A

EFFECT ON RUKSHANA: In the group A the percent of improvement is 81.69% after treatment. In group B the percent of improvement is 73.61% after treatment. It is observed that reduction of Rukshana symptom is found statistically significant in both the group but Group A is slightly better than group B.

EFFECT ON RAGA: In the group A the percent of improvement is 100% after treatment. In group B the percent of improvement is 72.72% after treatment. It is observed that reduction of Raga symptom is found statistically significant in both the group but Group A is slightly better than group B.

MODE OF ACTION OF THERAPY

Vajraka Ghee comprises of Vasa, Nimba, Guduchi, Karanja and Patola. All these drugs are having Kushthaghna property. The scaling and Rukshata in the lesions is due to Vata and Guduchi due to its Tvachya, Snigdha, Tridosha Hara etc actions and Rasayana property has provided relief in this symptom. Vasa is well known Pitta and Rakta hara drug, Patola is well known for its Pitta hara action, therefore these drugs might have corrected Rakta and Pitta Dushti in Eka Kushtha. Karanja is well known for its Vatahara action as well as have Kaphahara and Shotha hara, kandughana actions, due to which it might have altered basic pathology of over production of keratin layer resulting in Matsyashakalam. Ghee is Rasayana and its Snigdha Guna is very beneficial for alleviating the pathogenesis of the disease. Therefore vajraka Ghrita has provided better relief to the patients of Eka Kushtha.

Action of Sneha Karma as a Poorvakarma to Shodhana - Sneha acts as a solvent and it increases Apyamsha of the body which ultimately leads to Klinnata or Utkleshavastha.

Action as a Solvent: Ghee acts as good solvent for many metabolic waste products & it enters the cells easily because cell wall is made up of phospholipids. Compared to other non-oily substances, ghee etc. fat materials stay in the body for a stipulated period without causing any harm & also possess better permeability property.

According to Shusruta, the disease occurs due to dislodgement of vitiated Doshas in the channels during their circulation in the body. Sneha administered internally reaches to Srotamsi and acts as a solvent to remove the obstruction by dissolving Doshas in it, resulting in the removal of Srotorodha, which is one of the important steps in the Samprapti Vighatana.

Increase in the Apyamsha of the body: This specifies the Vriddhya, Vishyandana and Kledakaraka properties of Sneha. This particular phenomenon should be understood regarding Vriddhya i.e. increase in the Apyamsha of the body which ultimately leads to Utklesha and Rasa & Kleda Vriddhi during Snehapana. Sneha has the predominance of AP Mahabhuta, which was also corroborated by the specific qualities ascribed to it by various Acharyas like Charaka and Vagbhata and also it is hydrophilic in nature. After proper Snehana all the cells of the body become completely saturated with fats. Then the fat material comes out of the cell to extra-cellular fluid by osmosis process. So due to the aqueous properties of Sneha and liquefied Malas brought from the tissues, the levels of fatty acids etc. increase in the blood resulting in the high plasma volume. To keep up the equilibrium of the normal plasma level, the extra amount of liquid from it, reaches to the Koshta for expulsion. This is called as Anu Pravana Bhava. Later on when Virechana was administered, this increased amount of the body fluids are evacuated by which the vitiated Dosha expelled out resulting in the radical cure of Ekakushta. By the combined effect of Snehana and Svedana, excessive increase of Dosha, liquification of Dosha, digestion of Dosha, opening of Srotomukha and control of Vata occurs so that, the Doshas come to the Koshta by Anupravana Bhava, and they are expelled out through nearest route by proper Virechana Karma.

On the basis of all these discussions it can be concluded group B provided better relief in the signs and symptoms of Eka Kushtha like Rukshata, Daha, Kandu, Aswedanam, Mastyashakolapam in comparison to A group.

Conclusion

- In this clinical study 40 patients of Ekakushta were treated in two groups.
- Snehana is the Poorvakarma that decides the outcome of Shodhana procedure. Proper selection of Matra and Sneha Dravya is very essential in achieving Samyak Snigdhatana.
- Ekakushta is a Tridoshika Kshudra Kushta having Vata and Kapha dominance. Ekakushta in modern parlance has similarity with Psoriasis. Psoriasis is considered to be inherited as autosomal dominant characters. The cause of the disease is not known, but many precipitating factors like environmental, immunological, genetic and psychological have been found. Repeated Shodhana is indicated in Kushta due to involvement of Bahudoshas, which even holds good for Ekakushta.

- In both groups, majority of the patients of Madhyama Koshta attained Samyak Snigdha Lakshanas within 3- 5 days of administration of Snehapana, reaffirming the fact that Madhyama Koshta subjects require only 3-5 days for Samyak Snehana.
- Comparatively both the groups shows statistically significant results but slightly better results in group B. Group-B has shown % percentage wise better results in reducing the Mahavastu, Masthysyashakalopam, Kandua, Dahan. Auspitz sign and candle grease sign reduced in both groups. over all assessment of PASI score both the groups found statistically significant(<0.05).
- On comparison of overall effect of snehapana on lakshanas the of ekakusta shows that more number of patients mild improvement in both the groups. After virechana shows moderate to marked improvement in both the groups.
- From the study it can be inferred that both the groups i.e group-a snehapana with murchita ghrita and group-B Snehapana with vajraka ghrita shown equally statistically significant result but slightly better result in group-B.

It may be concluded on the basis of current study Vajraka Ghrita can be practiced as shodhana poorva snehapana in the management of ekakusta.

References

- [1] Acharya Agnivesha, Charakasamhita, editor R. K Sharma, Bhagwan Dash, Chowkhambakrishnadas academy, Varanasi, 2009, chikitsasthana 7th chapter verse 21, pp 738.
- [2] Acharya Susruta, Sushrutasamhita, editor P. Vsharma. Chaowkhambakrishnadas academy, Varanasi 2010, Nidanasthana 5th chapter, verse 9 , pp 824.
- [3] Bhavamishra, Kustarogaadikara, Chikitsaparakaranam, Bhavaprakasha part 2, with Vidyotinihindi commentary by Bhishagratnashribrahmashankar Mishra, chaukabha Sanskrit bhawan 11thedition 2009, pp528.
- [4] P. V. Sharma, Bhelasamhitachikitsasthana, 6thchapter, 25thquotation published by Chaukhamba Sanskrit series office 5thedition 1998 p. n 320.
- [5] Colledgenlieki R , walker brain R, Ralsonstuart H eds, Davidson s principles and practice of medicine 21stedition, Elsevier publisher 2010 pp 1325, p no1267.
- [6] Lowell A, Goid smith stephenl, katz Barbara A, Gilcrest amys, pallerdavidj. leffel Klaus Wolff, Fitzpatrick's Dermatology in general medicine, 8thedition library of congress cataloging in publication, p. n197.
- [7] Acharya Agnivesha, Charakasamhita, Ayurveda deepika commentary of Chakrapanidatta, Sutra Sthana, chapter 24, shloka 18 editor Vaidyadyitrikamsacharaya Varanasi, Choukhambasurbharatiprakashan 2005 , p. n125.
- [8] Priyavratsharma, Chakradutta, Kusthachikitsa, 50thchapter shloka 122-123 Chaukhambhaorientalia Delhi p. n404.
- [9] Dr Rajeev Kumar Ray, Vangasenasamhita, Kustarogadhikara, shloka no 204-205 , first edition published by Rakeshra For Prachyaparakshan, Varanasi1983.
- [10] Christopher Haslett, Davidson's Principles and Practice of medicine, 21st chapter, 19thedition, published by Churchill living stone, Edinburgh London new york, oxford Philadelphia, st. luissydenytronto 2002 p. n1075.
- [11] Ibid p. no- 1076
- [12] www.dermatology.about.com/od/glossary/g/auspitz.htm.