



Research Article

A Comparative Clinical Study on the effect of Virechana karma and Shamana snehapana in Kitibha kushta with special reference to Psoriasis.

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ABSTRACT:

Background: In present era, it is observed that 20% of the population of world affected by skin disorders. The Psoriasis affects the individual by discomfort, disfigurement and ugly look. Most of the skin diseases are chronic with frequent relapses due to accumulated toxins and ama conditions.

Virechana karma has got vital role in eliminating the accumulated toxins as well as prevents the accumulation of doshas. So, it is believed to be a panacea for many skin diseases including Kitibha kushta.

Objectives: The present study was planned to.

- To evaluate the effect of virechana karma in kitibha kushta.
- To evaluate the efficacy of the shamana snehapana in kitibha kushta.
- To assess the combined effect of virechana karma and shamana snehapana.

Methods: In this study, total 30 patients of kitibha kushta confirmed by diagnosis are selected from O.P.D D.G.M.C.Hospital Gadag. Then 3 groups were made, 10 patients in each group and the patients who are fit for snehana and virechana karma are selected. In group-A virechana karma followed by shamana sneha was administered. In group-B only virechana was performed and in group-C shamana snehapana was administered. For both shodhana and shamana snehapana amruta ghrita was used.

Results: The assessment of results was made on pre and post treatment data of subjective and objective parameters of study. Clinical signs and symptoms of kitibha kushta taken as subjective parameters, PASI Score and Serum protein taken as objective parameters. Interpretation and conclusion: It was observed that reduction of symptomatology and PASI Score highly significantly in group-A. So virechana shows significant role in the management of kitibha kushta followed with shamana snehapana. Amruta ghrita is highly effective in Kitibha kushta due to its qualities like Twachya, Tridosahara, Krimigna, Balya and Rasayana.

Key words: Shodhana; Kitibha kushta; Virechana karma; Shamana sneha; PASI Score; and Psoriasis.



INTRODUCTION

Ayurveda, the ancient Indian medical science is rapidly gaining global acceptability as a highly effective health care system. It is one of the most complex and intellectually challenging among professional pursuits, demanding an effective integration of one of the world's oldest system of medicine with the advancements and needs of the current era.

In Ayurveda most of the skin diseases are considered mainly under kushta. Still there is controversy regarding nomenclature of psoriasis as kitibha, eka kushta etc. However, in this study due to similarity of symptoms and signs, it is correlated with kitibha kushta.

In present era, it is observed that 20% of the population¹ of world affected by skin disorders. The Psoriasis² affects the individual by discomfort, disfigurement and ugly look. Most of the skin diseases are chronic with frequent relapses due to accumulated toxins and ama conditions.

Virechana karma³ has got vital role in eliminating the accumulated toxins as well as prevents the accumulation of doshas. So, it is believed to be a panacea for many skin diseases including Kitibha kushta.

OBJECTIVES:

1. To evaluate the effect of virechana karma in kitibha kushta.
2. To evaluate the efficacy of the shamana snehapana in kitibha kushta.
3. To assess the combined effect of virechana karma and shamana snehapana.

NEED FOR STUDY.

Kitibha kushta is one of the obstinate, obscure and problematic skin diseases. The nature of the disease inflicts the problem for both physicians and sufferer. The etiology of the disease is also a mystery. The modern management of kitibha kushta in spite of many advances still remains unsatisfactory due to drug intolerance, hypersensitivity, the danger of acute and chronic complications, make it all the more important to search out safe, effective and cheaper remedies. Such remedies could be explored from the huge wealth of Ayurveda.

Among that virechana is one of the jewels, which gives tremendous results in many diseases including kitibha kushta. The current line of management including use of Diathranol, UV treatment, Photo chemotherapy etc is not fully satisfactory. At this juncture, it could be worth to direct our research efforts to those traditional drugs which may be of use in combating the so-called refractory diseases.

REVIEW OF DRUG

- 1) Trikatu churna⁴ - for amapachana
- 2) Amruta ghrita⁵ - for snehapana.
- 3) Murchita tila taila⁶ - for abhyanga.
- 4) Trivrut Lehya⁷ - for virechana.

METHODS OF CLINICAL STUDY

1. SOURCE OF DATA.

The patients of Kitibha kushta of either sex were selected on basis of pre-selection interview proforma specially designed for this purpose from the O.P.D and I.P.D. of D.G.M.A.M.C.Hospital Gadag.

2. SELECTION OF PATIENTS.

Out of 34 patients of Kitibha kushta confirmed by Auspitz sign and candle grease test 30 patients were selected and made into three groups as.



Group-A-Virechana karma and shamana snehapana.

Group-B-Virechana karma.

Group-C-Shamana snehapana.

INVESTIGATIONS.

Serum protein was done as mandatory test before and after the treatment in Lifeline diagnostic laboratory Gadag. Other investigations like R.B.S, E.S.R, and Complete blood count to be done in D.G.M.Hospital laboratory Gadag exclude from other systemic diseases.

3) INCLUSION CRITERIA.

- ◆ Patients having classical symptoms of kitibha kushta.
- ◆ Irrespective of both sexes between 18 to 60 years of age group.
- ◆ Patients suitable for snehapana and virechana karma.

4) EXCLUSION CRITERIA.

- ◆ Patients who are under concomitant therapy for other systemic diseases.
- ◆ Patients of Kitibha kushta with extracutaneous manifestations.
- ◆ Pregnant women and lactating mothers.
- ◆ Patients unfit for snehapana and virechana karma.

5) RESEARCH DESIGN.

It is a comparative clinical study to know the effect of virechana karma and shamana snehapana and to evaluate the added effect of virechana karma. The diagnosed patients with criteria are selected and assigned in to three groups, 10 patients in each group.

GROUP-A: Received Trikatu churna, after amapachana Amruta ghrita was given in arohana krama. Based on the kosta and agni of patient, after perceiving samyak snigda lakshanas three days abhyanga and swedana next day virechana karma is administered. Then based on type of shuddi samsarjana karma was adopted after that shamana snehapana with Amruta ghrita given for next 15 days.

GROUP-B: Received Trikatu churna for amapachana snehapana given in arohana krama with Amruta ghrita, after perceiving samyak snigdha lakshanas abhyanga swedana performed during vishrama kala. Then virechana is administered with Trivrut lehya. Samsarjana karma adopted assigning type of shuddi then placebo given up to follow up for 15days.

GROUP-C: Trikatu churna given for amapachana. Then shamana snehapana with Amruta ghrita adopted for 15 days in two divided doses. Then placebo given for further 20 days.

6) SAMPLE SIZE: 30 Samples.

7) STUDY DURATION: 35Days

INTERVENTION.

- In all groups Trikatu churna 3-6gms with anupana of ushnodaka was administered ½ hour before food until appearance of nirama lakshanas or 3-7days.
- In-group A and B first day of shodhana snehapana initiated with hrusiyasi matra of amrita ghrita at around 6:00AM to7:00AM. Second day onwards the matra of sneha is increased in arohanakrama. The increase per day was decided on the basis of jiryamana jeerna lakshanas etc. Thus the increase was not fixed; it is variable from person to person. After achieving samyak snigda lakshanas patients were subjected to abhyanga and ushna jala



snana next onwards during vishrama kala for three days. Then virechana karma administered. Then samsarjana krama was followed based on type of shuddi.

- In-group C after amapachana shamana snehapana given when patient feels hungry before food with ushnodaka as anupana for 15 days.
- All patients were instructed to follow the pathyapathya as explained in snehapana context.

8) PARAMETERS FOR ASSESSMENT OF TREATMENT.

- The patients of all groups were assessed with clinical features of kitibha kushta as mentioned in Ayurvedic classics and modern science taken as subjective parameters. PASI Scoring as both subjective and objective parameter before and after the treatment.

A. SUBJECTIVE PARAMETERS.

S.N	Lakshanas of Kitibha kushta	Before Treatment	After Treatment
1	Shyava / Aruna / Asita / Krishna Varna		
2	Kina khara sparsha		
3	Parusha		
4	Sravi		
5	Vrutnam		
6	Ghana Druda		
7	Kandu		
8	Snigda / Ruksha		
9	Guruni		
10	Prashantate Punha punah Utpadyate		

Gradings: No-0 Mild-1 Moderate-2 Severe-3

B. OBJECTIVE Parameters

PASI SCORING⁸

Symptoms	HEAD10%		ARMS20%		BODY30%		LEGS40%	
	B.T	A.T	B.T	A.T	B.T	A.T	B.T	A.T
Itching +								
Erythema +								
Scaling +								
Thickness of lesion +								
Total =								
Coverage Area*								
% Of B, S, A	X0.1	X0.1	X0.2	X0.2	X0.3	X0.3	X0.4	X0.4
Sub Total PASI =								
TOTAL PASI	B.T		A. T		Change of PASI			



*Coverage	Score
0 %	0
<10%	1
10-29%	2
30-49%	3
50-69%	4
70-89%	5
90-100%	6

Severity	Score
None	0
Mild	1
Moderate	2
Severe	3
Maximum	4

9) OVER ALL ASSESSMENT OF CLINICAL STUDY.

01. Complete remission- - PASI Score –0- after the treatment.
02. Marked improvement - Reduction PASI Score >75%.
03. Moderate improvement - Reduction PASI Score >75% to 50%.
04. Minimal improvement - Reduction PASI Score < 50%.
05. Unchanged improvement - No Reduction PASI Score.

10) STATISTICAL ANALYSIS.

Only the net effect of treatment is calculated by baseline data before and after the treatment, first day and last i.e. 35th day of treatment were considered for statistical analysis. It was calculated by using ANOVA 't' test.

OVERALL COMPARATIVE ASSESSMENT OF RESULTS.

Sl.No	Assessment	Group-A %	Group-B %	Group-C%
1	Subjective parameter	70.64	67.09	66.98
2	Objective parameter	84.95	80.83	76.73
3	TOTAL	77.79	73.96	71.85



COMPARISON OF THREE GROUPS IN SUBJECTIVE PARAMETER

Sl.No	Subjective-parameters	Group-A %	Group-B %	Group C %	Average% all groups	Remarks
1	Shava/Aruna varna	60.71	66.66	66.66	64.67	Moderately Improved
2	Kinakhara sparsha	67.85	54.54	40.90	54.43	Moderately Improved
3	Parushata	76.00	73.68	60.00	69.89	Moderately Improved
4	Sravi	100.00	50.00	50.00	66.66	Moderately Improved
5	Vrutnam	68.75	83.33	58.82	70.30	Moderately Improved
6	Ghana / Druda	78.94	66.66	55.56	67.05	Moderately Improved
7	Kandoo	73.33	56.66	56.00	61.99	Moderately Improved
8	Rukshata	79.16	58.62	62.50	66.76	Moderately Improved
9	Guru	82.35	66.66	63.15	70.72	Moderately Improved
10	Prashante cha punarutpadyate	59.25	73.33	58.82	63.80	Moderately Improved

OVER ALL RESULTS OF OBJECTIVE PARAMETERS

The PASI Score in group-A is more significant than group-B, The group-C shows less net mean effect with less variation compared to group-A and group-B by comparing 't' value mean and S.D. The PASI Score in group-B having more net mean effect than group-A and C, Which mean virechana karma is more effective than group-A and C. But group-A shows less variation than group-B, which means variation in the effect of drug will less among the patients. The parameter serum protein is more highly significant in group-C than group-A and B. The parameter serum albumin shows more significant in group-C than other groups A and B as shown in above tables.

INDIVIDUAL RESPONSE OF TREATMENT IN SUBJECTIVE PARAMETERS

Sl.No	GROUP-A O.P.D.No	% Of response	GROUP-B O.P.D.No	% Of response	GROUP-C O.P.D.No	% Of response
1	1511	72.72	2861	75.00	2224	54.55
2	2323	73.07	2884	68.18	2270	73.68
3	3468	73.68	2914	92.30	2465	40.90
4	2443	68.18	3548	66.67	2518	52.17
5	2826	83.33	4211	68.75	2647	58.82
6	3111	62.50	4704	54.17	4249	68.75
7	3491	76.19	0218	68.42	1152	57.89
8	3506	59.25	0337	73.34	1351	63.15
9	4352	68.00	0338	54.16	2507	43.75
10	4789	69.56	0772	50.00	1832	75.00
MEAN -%		Group-A-70.64	Group-B-67.09		Group-C-66.98	



DISCUSSION ON OBSERVATIONS:

- **Age-** In this clinical study it was observed that age incidence of disease was maximum in the patient's age group 20-30 and 50-60 years.
- **Sex-** It was observed from clinical study among 30 patients 23 patients were males, which supports the incidence of psoriasis was more in males than females as stated in earlier studies.
- **Occupation-** In this study the incidence of psoriasis was more in labours because they are more prone to trauma, toxic exposures etc
- **Economical status-** In this study it was observed that maximum patients belong to lower middle class. It may be due to random selection of the patients.
- **Diet-** It was observed that more patients were non-vegetarians in this study.
- **Marital status-** It was observed maximum patients were married (83.33%). But there is no significance of disease with marital status.
- **Kosta-** It was observed that maximum patients were having madhyama kosta,
- **Onset-** It was observed that majority of patients were having gradual onset of disease (70%).
- **Addictions-** It was noticed that maximum patients were having addiction to tobacco, smoking and alcohol.
- **Agni-** In this study maximum patient was having mandagni (56.70%). It was due to prime cause for the pathogenesis of the disease as mentioned in samprapti of kitibha kushta.
- **Nidra-** It was observed that maximum patients presented with Divaswapna (63.30%) which is also prime cause for the disease.
- **Prakruti-** In this study majority of patients were belongs to vatapitta prakruti (30%) and vatakapha prakruti (30%).
- **Sara-** In this study maximum patients persists avara sarata (45%) which supports the view of Charaka that more incidence of disease in avara sarata.
- **Samhanana-** It was observed equal patients found in all pravara madhyama and avara samhanana.
- **Satvata-** In this study maximum patient was persisting avara satva (40.00%), followed by madhyama satva (36.70%)
- **Satmyata-** It was observed that majority of patients show avara satmyata (40%) and madhyama satmyata (33.30%). It may be due to reflective nature of the diet.
- **Vyayamashakti-** In this study more patient's shows avara vyayamashakti (36.70%). It may be due to mithyavihara precipitating factor for the disease.
- **Nidanas**
- **Aharaja-** In this study maximum patient had atisevana of milk+honey, milk+onion, tilataila, masha, mamsa, atidadhi, guda, ati ushna and ati sheeta aharas. These are the vitiating causes for vata and kapha leads to kitibha kushta.
- **Viharaja-** It was observed that majority of patients persisting history of ratrijagarana, sitoshna viparyaya, vegavarodha and divaswapna.
- **Manasika nidanas-** The psychological condition also play major role in manifestation of disease. In this study it was observed incidence of chittidvega, shokha and krodha was found in maximum patients.



- **Purvarupas-** It was observed in this clinical study maximum patients presented kandu, rukshata, asweda, atisweda, vaivarnyata and kharata as premonitory symptoms explained similarly in classics.
- **Rupas-** In this clinical study the chief complaints like Shava aruna vaivarnyata, ugrakandu, rukshata, kinakhara sparshata will be found in most of patients.

PROBABLE MODE OF ACTION:

TRIKATU CHURNA-The ingredients of trikatu churna have katu rasa, ushna virya, and laghu ushna and teekshna qualities which does amapachana and agni deepana by virtue of its properties. The pacification of kapha and vata will occur.

PROBABLE MODE OF ACTION OF AMRUTA GHRITA AS SHODHANA SNEHAPANA.

Treatment of kushta is to be started with snehapana depending upon the condition of the doshas. Charaka mentioned the karmukata of shodhana snehapana that by vrudhi (increasing), vishyandanat (dissolving), paka (digesting), srotomukha vishodhana (clearing the orifice of srotus), and vayu nigrhana the morbid materials (doshas) may be brought back from shakha to kosta. Here sneha acts in every aspect of above process.

PROBABLE MODE OF ACTION OF ABHYANGA.

Here abhyanga with murchita tila taila helps for controlling the vata dosha. It brings mardavata, thereby pacifying kapha, vata and does dhatu pushti. The obstruction of srotus is cleared by abhyanga due to softening occurs in tissues.

PROBABLE MODE OF ACTION OF SWEDANA KARMA.

Here ushna jala snana, i.e. mrudu swedana was administered in group A and B after abhyanga. It does liquefaction of klinna doshas there by helps to bring the doshas to kosta. It also provides the fresh blood to organs, which contains nutrients and defensive agents.

ACTION OF VIRECHANA KARMA WITH TRIVRUT LEHYA IN KITIBHA KUSHTA

As Kitibha kushta is vata-kapha pradhana pitta samsargaja tridoshaja vikara, virechana may helps in this condition by eliminating the morbid tridoshas.

❖ Virechana is the specially indicated in pittaja and rakta pradoshaja vikara, as kitibha kushta is also rakta pradoshaja vikara along with association of pitta mentioned by Susruta, so virechana is able to relieve the disease by expelling the doshas out from the body.

❖ Virechana brings varna prasada by which the vaivarnyata present in kitibha kushta may normalize the discoloration.

❖ Virechana brings buddhi indriya mana shuddi; this does the normalcy of psychological causes involved in the samprati of kitibha kushta.

❖ Kandu is said to be kapha and ambudusti lakshana, these vitiated factors can be eliminated from body there by relieves the kandu.

❖ Twacha is adhistana of vata, vitiated vata is normalized there by vata can be capable of its functions properly.

❖ Virechana will does dhatu shuddi, which will in turn, may balance the altered immune system that was the basic defect present in psoriasis.

**PROBABLE MODE OF ACTION OF AMRITA GHRITA AS SHAMANA SNEHAPANA.**

The main aim of shamana sneha is to suppress the aggravated doshas. The action of shamana snehapana entirely on the time of administration sneha. Amruta ghrita when administered during annakala, when the patient is having good appetite, gets digested easily without adhering to the srotuses. This sneha then spreads all over the body entering into the sukshma rasyanis and reaches the site of vitiated doshas by its virtue of sukshma guna. After reaching the site of vitiation it pacifies the doshas by its tikta and and kashaya rasa qualities of guduchi.

Amruta ghrita employed in the form of shamana sneha may have capacity to overcome all these pathological conditions.

- ❖ Sneha i.e. fat is essential for the absorption of vitamins A, D, E and K. Ghrita helps to supplement the vitamins by its absorption. Which act on the cellular differentiation and inhibit the proliferation of keratinocytes
- ❖ Psoriasis, a chronic disease where immunity goes on declining. Ghrita by having Immunomodulator and anti-oxidant effect overcomes the problem.
- ❖ The drug guduchi possess balya rasayana karmas may act as immunomodulator to overcome the immunopathological factors of psoriasis.
- ❖ Psoriasis is a psycho-somatic disorder while Guduci, Which is said to in a medhya rasayana as well as drug of choice; in twacya rasayana brings them to normality.

CONCLUSIONS

- ✚ Virechana karma followed by shamana snehapana is highly effective in the reduction of symptomatology of Kitibha kushta, when performed in efficient manner.
- ✚ The reduction of scaling, itching and erythema found more in all patients after virechana as compared to shamana chikitsa group.
- ✚ Virechana karma helps to control the epidermal cell cycle time there by reducing the recurrence rates.
- ✚ Amruta ghrita is highly effective in Kitibha kushta due to its qualities of twachadoshahara, twacha prasadakara, krimihara, balya, and rasayana and tridosha shamana.
- ✚ Amruta ghrita effective as shamana sneha due to its pharmacological actions like anti-inflammatory, antiallergic, hepatoprotective and immunomodulatory actions of guduchi.

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