Research Article

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EFFECT OF MATRA BASTI OF PANCHATIKTA GHRITA IN PSORIASIS

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ABSTRACT

Psoriasis is a papulosquamous disorder occurs due to altered kinetics, affects 1 to 2% of world's population. In Ayurveda this disorder may be correlated with mandala kushtha, a type of mahakushta described by Acharya Charaka. Basti, one of the significant procedures of Panchakarma is used for treatment of Psoriasis. In present study effect of Matra basti (of Panchatikta ghrita) was evaluated on psoriasis. 21 patients were subjected to study and were followed up weekly. At the end of 3rd week the results were assessed. Good response was found in 49% cases and in 38% patients' fair response was observed.

KEYWORDS: Psoriasis, Mandalkushtha, Matra basti, Snehabasti, Panchatikta ghrita, Ayurveda.

INTRODUCTION

Psoriasis is a papulosquamous disorder, occurs due to altered kinetics, affects 1 to 2% of world's population¹. It is a chronic non infectious, recurrent inflammatory disease of skin characterized by well defined erythematous sharply demarcated papules and rounded plaques covered by silvery micaceous scales variably pruritic and typical extensor distribution. Its onset is usually in second to fourth decade of life. It is more prevalent in girls among children while in adults males are more afflicted².

Although Psoriasis is not life threatening disorder, it threatens life style of sufferer. In Ayurveda, variety of skin disorders has been documented under kushtha, which further categorized as Maha and Kshudra kushtha³.

Psoriasis may be compared with Manadal Kustha appropriately due to its diffused and difficult to treat nature⁴. In treatment of psoriasis, modern medicine rely on Cyclosporin-A, Coal tar, PUVA (Psoralen and Ultraviolet A Therapy), Retinoids, Methotrexate, Corticosteroids and vitamin-D but some enlisted drugs are unsafe and known for their side effects.

'Panchatikta ghrit' formulation of ayurvedic text claims remedy for all type of skin diseases as well as all types of diseases i.e. 80 types of vata disorder, 40 types of pitta disorder and 20 types of kapha disorders⁵. It contains Neem (*Azadiracta indica*), Patol (*Trichosanthes dioica*), Vyaghri (*Solanum surattense*), Guduchi (*Tinospora cardifolia*), Vasa (*Adhatoda vasica*) and Go-ghrit (cow's ghee).

Selection of drug

Matra Basti, a type of Sneha Basti is also known as Anuvasan basti⁶. Use of Anuvasan basti of tiktarastmak dravya in the treatment of Kushtha is described in Charak Samhita³. Therefore Panchatikta Ghrita was used in Matra Basti for the treatment of psoriasis in present study.

MATERIALS AND METHODS

After institutional (Shri Ayurved mahavidyalaya, Nagpur, Maharashtra, July 1998) ethical committee approval, 21 patients were selected for this study from the Out Patient Department of Kayachikitsa, Pakwasa Samanvaya Rugnalaya and Laxmi Devi Bajaj Hospital, Nagpur. A written consent was taken from every patient to become a part of present study. Patients were also assured their data and photograph would be kept anonymous and confidential and they could withdraw from the study anytime without repercussions.

Inclusion Criteria

Patients with well defined indurated erythematous areas of circular shape of various sizes with silvery scale, positive koebner phenomenon, slight to moderate itching, positive Aupitz's sign, presence of erythema, scaling and induration in the lesion.

Exclusion Criteria

Patients who required emergency treatment for the disease like exfoliative conditions, having cardiac, renal, endocrine disorders, other associated diseases and patients with unconfirmed diagnosis.

After complete examination and investigations 21 patients were registered for the study and were followed up weekly. Prior to Matra basti, mridu virechan with 3 grams Nishoth choorna along with lukewarm water was administered for 3 consecutive nights. Panchatikta ghrita 60 ml was administered per rectally as Matra basti after lunch. After this procedure patients were advised to relax for 30 minutes. Basti was given per day for three weeks. Patients were followed up at one week interval. At the end of 3rd week the results were assessed. The analysis was done on the basis of percentage of improvement in symptoms before and after the treatment. The result was assessed on the basis of good, fair and poor response⁷.

Figure 1: Before Treatment

After Treatment

Figure 2: Before Treatment

After Treatment

Table 1: Age wise distribution

Age in yrs	No. of patients	Percentage (%)
1-20	02	9.52
21-40	11	52.38
41-60	05	23.81
≥ 61	03	14.29

Table 2: Distribution according to sex

Sex	No. of patients	Percentage (%)
Male	13	61.9
Female	08	38.1

Table 3: Distribution of patients according to diet

Diet	No. of patients	Percentage (%)
Mixed	16	76.19
Veg.	05	23.81

Table 4: Distribution of patients according to addiction and habits

Addiction	No. of patients	Percentage (%)
Tea & Coffee	12	57.14
Alcohol	08	38.10
Smoking	06	28.57
Tobacco	05	23.81

Table 5: Percentage of improvement in major symptoms

Symptoms	Total no Patients	Relief in Percentage after 1 st week	Relief in Percentage after 2 nd week	Relief in Percentage after 3 rd week
Vaivarnyata	21	0	0	52.38
Twakkoth (Craking of skin)	21	0	0	57.14
Kandu (Itching)	21	28.5	90.48	100
Silver Scales	21	0	0	61.9
Utsannamandal (induration)	20	0	0	50
Burning sensation	17	29.41	70.59	100
Joints involvement	4	0	0	25

Table 6: Assessment of result

Response			Aggravation	Remarks
Good	Fair	Poor		
10 47.61%	08 38.1%	03 14%	01 4.76%	Good Response: 75-100% relief Fair Response : 50-75% relief Poor Response: 25-50% relief

RESULTS

Mandal kushtha is described as shweta rakta vikshat, sthir, styaan, snigdha, utsanna mandalam, anyonya sanyuktam and krichham⁸ hence it can be fairly correlated with following signs and nature of psoriasis- red coloured plaques, lesions which are stable, collected into a mass, unctuous, elevated oval shaped, confluent and difficult to treat³. Total 21 patients were registered for the study. Among 21 patients most of the patients i.e. 52.31 % were of middle age group from 21 to 40 years (Table 1). It might be due to pitta prakop age group. The

males were more affected than female (Table 2). In the present study, data reveals that incidence of the disease was higher in non-vegetarian (Mixed) than the vegetarian people (Table 3). Out of the 21 psoriatic patients most of the patients were addicted of tea and alcohol which are the cause of pittaprakop (Table 4). Matra basti of Panchatkita ghrita was found to be more effective to relieve the symptoms like Kandu (itching), burning sensation. Reliefs of major symptoms are given in table 5. At the end of 3rd week, the results were assessed (Figure 1

and 2). Good response was found in 49% cases and in 38% patients' fair response was observed (Table 6).

DISCUSSION

Ayurveda provides promising treatment for the disease. In addition to general therapy following a proper regimen and elimination of harmful factors from the patient's working and living condition, play a very important part in the treatment of psoriasis. The treatment purifies the entire system and establishes the metabolism of the patients.

Sushruta described the indication of basti in sansargaj and sannipataj vikara. Due to dominance of tridosha in kushtha as its stroke area is from head to toe⁹ favoured treatment of Matra basti of Panchatikta ghrita. In present study tiktarasatmaka dravyas were used for basti. Tikta rasa pradhan dravyas are deepak, pachak and kaphaghna. Tikta rasa is lekhana and vishaghna in nature and destroys kleda, vasa, majja, lasika and pooya. The effect of tikta rasa on skin is swedaghna, kandooghna, kushthaghna, dahprashmana and sthirikarana. Therefore Panchatikta ghrita showed good results in mandala kushtha. Basti of Panchatikta ghrita showed good results in patients suffering from psoriasis. Moreover, this treatment didn't show adverse effects in any of the patients.

CONCLUSION

Due to fact that content of Panchatikta ghrita can rectify all three vitiated doshas involved in Psoriasis. Basti is said to be half of the treatments, the basti can cure sansargaj and sannipataj diseases hence matra basti of panchatikta ghrita found effective in the treatment of psoriasis.

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