Research Article

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A COMPARATIVE CLINICAL STUDY ON THE MANAGEMENT OF PSORIASIS W.S.R. TO EKAKUSHTA

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Received on: 03/10/12 Revised on: 26/11/12 Accepted on: 17/12/12

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DOI: 10.7897/2277-4343.04131

Published by Moksha Publishing House. Website www.mokshaph.com

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ABSTRACT

Psoriasis is one amongst the most common skin disorders encountered in clinical practice. It is a chronic relapsing and remitting disease of skin causing social isolation, cosmetic and psychological embarrassment as well as difficulties in leading social life. Even though it can be considered as an autoimmune disorder affecting skin, it cannot always be treated as a somatic lesion, it is in fact multifactorial in origin and conditioned by various constitutional and environmental factors. Ekakusta is a Raktapradoshaja, vatakapra pradhana tridoshaja kshudra kushta. It bears a greater resemblance with Psoriasis. The current treatment modalities have their own limitations and the drugs have considerable side effects when used for a longer period. Therefore, there is a need for more comprehensive, economical and safe method of management of Psoriasis. Hence the present study was conducted on 60 patients assigned into two equal groups to evaluate the efficacy of shodhana in terms of virechana followed by Guggulu tiktaka gritha shamana sneha and only Guggulu Tiktaka Gritha shamana sneha with the external application of kutajasuryapaki taila in the management of Ekakusta w.s.r to Psoriasis.

Keywords: Ekakusta, Psoriasis, Virechana, Kutajasuryapaki Taila, Guggulu Tiktaka Gritha

INTRODUCTION

Skin is not a simple barrier separating body's internal and external environment, it is also the vehicle for the biological and social communication to the external world. Skin reflects our emotions and some aspects of normal physiology. Changes in the skin color may indicate homeostatic imbalances in the body. Therefore skin plays a vital role. Regardless, immunity Psoriasis is a condition of the skin which originates and aggravates due to various reasons. Psoriasis affects about 2 to 3% of the population and is equally common in men and women. It can start at any age. There is a peak incidence during late teens or early twenties and a second peak during the fifties.

The symptoms of psoriasis can be very well co-related with the lakshanas of Ekakushta. Currently the treatment modalities available for the management of Psoriasis include topical therapy, corticosteroids, cytotoxic drugs, photochemotherapy, which have serious limitations. Therefore the treatment of was planned to tackle such complications. The nature of this disease being chronic requires long term management.

There are good number of medicines described in Ayurvedic classics for the management of twakrogas. These formulations can be conveniently planned for individual variety of Kusta depending upon the symptoms and doshik predominance. kutaja is one of the drug which is having Kustaghna properties. Guggulu tiktaka ghrita is another drug which is an established formulation for skin diseases. Sushruta specially recommends Samshodhana in Poorvaroop¹ stage itself, followed by Shamana chikitsa and hence Kusta being bahudoshaja vyadhi definitely needs shodhana. Hence the current study is taken up to

evaluate the efficacy of these drugs in the management of Psoriasis w.s.r.to Ekakushta.

MATERIALS AND METHODS

Trikatu Churna: It was administered for both the groups. Trikatu churna prepared by Government Central Pharmacy, Bangalore was taken from GAMC hospital, Mysore, Karnataka, India, for deepana and Pachana.

Guggulutiktaka Ghrita: It was administered for both the groups. Guggulutiktaka Ghrita prepared by Government Central Pharmacy, Bangalore was taken from GAMC hospital, Mysore, Karnataka, India, for Shodhananga snehapana and Shamana Snehapana.

Trivrut Lehya: It was selected for Group A for Virechana. For the present study, Trivrut lehya prepared by Nagarjuna Herbal Concentrates, was taken.

Kutaja Suryapaki Taila: It was selected for the external application in both the groups. Taila was prepared in pharmacy of GAMC hospital Mysore.

Ethical clearance: It was taken on 19-04-10 at Government Ayurveda Medical College Mysore, Karnataka, India.

Objectives

- To evaluate the efficacy of Shodhana in terms of virechana followed by Guggulu Tiktaka Ghrita as Shamanasneha along with external application of kutajasuryapaki taila in the management of Ekakushta.
- To evaluate the efficacy of Guggulu Tiktaka Ghrita as Shamanasneha along with external application of kutajasuryapaki Taila in the management of Ekakushta.
- To compare the efficacy of Guggulu Tiktaka Gritha as Shamanasneha alone and Guggulu Tiktaka Ghrita as

Shamanasneha after Shodhana in the management of Ekakushta.

Source of Data

Total 60 patients of either sex diagnosed on the signs and symptoms of Psoriasis w.s.r to Ekakushta were selected incidentally from the OPD, IPD and other referrals of GAMC Hospital Mysore. The patients were registered and treated as in-patients and out-patients. Separate case sheets were prepared for the documentation of the data. Patients were assigned into two groups. Dropouts at any stage were excluded from the study.

Inclusion Criteria

- Patients of all varieties of Psoriasis were selected without discriminating its subtypes.
- Patients of either sex were selected.
- Patients between the age group of 16 to 60 years were selected.
- Both fresh cases of Psoriasis and treated cases which have already discontinued other treatments were selected.
- Patients with the lakshanas of Ekakushta explained in classical texts were selected.

Exclusion Criteria

- Patients with other systemic disorder which interfere with the treatment were excluded.
- Ekakushta (psoriasis) with extra cutaneous manifestation were excluded.
- Patients with uncontrolled Diabetes Mellitus-2 were excluded.

Diagnostic Criteria

- The Diagnosis was based on classical lakshanas of Ekakushta² and the clinical manifestation of Psoriasis
- Matsyashakalavat twacha (silvery scales)
- Krishnaruna varna (Black or reddish brown skin lesions)
- Abhakapratasadrusha (Scales resembling Abhraka patra)
- Asweda (Absence of perspiration, always dry in nature).
- Mahavastu (Large area involved, coin to palm shaped).
- Positive Auspitz sign and Candle grease sign.

Investigations

Necessary investigations were conducted in required cases to rule out other systemic diseases or complications involving abdominal, respiratory and cardiac symptoms.

Sampling method and research design

Patients diagnosed to have Ekakushta (Psoriasis) were selected incidentally from the OPD, IPD of GAMC Hospital and other referrals from Mysore. The total number of cases selected for the study was 60 and were assigned into two groups, Group A and Group B, each consisting of 30 patients respectively excluding dropouts.

Study design

Comparative study with pre, mid and post test design

Intervention

Group A

- Amapachana: The patients were administered Trikatu churna³ in a dose of 3 g thrice daily before food with ushnodaka until nirama lakshanas were observed, the period varied from 3-5 days.
- Shodhananga Snehapana: Snehapana using Guggulu Tiktaka Gritha⁴ was administered in arohana krama, starting with hrisiyasi matra until samyak snigdha

lakshanas were observed. The duration varied from 3-7 days.

- Abhyanga and Sweda: Sarvanga abhyanga was done with kutajasuryapaki taila⁵ and bhashpa sweda was administered for 3 days in vishrama kala
- Virechana: Trivrit lehya⁶ with usnodaka was administered in empty stomach and the dose varied between 10 - 50 gms depending on the koshta of the patients, and after atura nireekshana, samsarjana krama was advised according to the shuddhi prakara.
- Shamana Sneha: After Samsarjana krama, Shamana snehapana by Guggulu Tiktaka Gritha, 30ml single dose on empty stomach was administered between 6am-7am for 30 days.
- Kutajasuryapaki Taila: This was used for external application twice a day after thoroughly cleaning the affected area of the skin with hot water and drying it.
- Pathya ahara was advised throughout the course of the treatment.

Group B

- Amapachana: The patients were administered Trikatu churna in a dose of 2 g thrice daily before food with ushnodaka until nirama lakshanas were observed, the period varied from 3-5 days.
- Shamana Sneha: Shamananga snehapana by Guggulu Tiktaka Gritha 30ml single dose, on empty stomach was administered in between 6am - 7am for 30 days.
- Kutajasuryapaki Taila: This was used for external application twice a day after thoroughly cleaning the affected area of the skin with hot water and drying it.
- Pathya ahara was advised throughout the course of the treatment.

Criteria for Assessment

To assess the effect of the therapy, the Psoriasis Area and Severity Index (PASI)⁷ scoring method was adopted. PASI scoring was calculated before starting, during and after completion of the treatment and total percentage of improvement in "P.A.S.I" scoring was calculated to assess the effect of the treatment on this parameter. Data was analyzed by using contingency co-efficient table analysis. The assessment was done on the basis of severity of itching, erythema, scaling and thickness in the affected area.

Overall assessment of clinical response

Complete Remission – PASI score 0 after treatment

Marked improvement – Reduction in PASI score > 75%

Moderate improvement – Reduction in PASI score between 75% and 50%

Minimal improvement – Reduction in PASI score < 50%

Unchanged – No reduction in PASI score

OBSERVATIONS

Among 60 Patients, maximum number of patients i.e., 23 patients (38.3%) were between the age group of 46 – 50 years, 44 (73%) patients were male and 16 (26%) patients were female. 42 (71%) patients belonged to Hindu religion, 14 (23%) patients belonged to Muslim religion and 4 (6%) patients were Christians. Maximum of 20 patients (33%) were labourers, 24 (40%) were graduates, 20 (33%) patients had primary and high school education, 10 (17.9%). Patients had primary education and 6 (10.7%) patients were illiterates. Majority of patients ie, 42 (70%)

were married and 18 (30%) patients were unmarried, 21 (35%) were from upper middle class, followed by 19 (31%) from poor class, 13 (21%) were from lower middle class and 7 (11.6%) patients belonged to rich class. 40 (66.6%) were from urban area followed by 20 (33%) patients from rural area. Out of 60 patients 46 (77%) patients had mixed type of diet pattern and 14 (23%) patients were vegetarian.

Among 60 patients, 44 (73%) patients presented with negative family history and 16 (27%) patients had positive family history. 20 patients (33.3%) presented

with site of onset on scalp followed by 12 patients (20%) presented on leg, 8 patients (13.3%) presented on elbow, 9 patients (15%) presented all over the body, 5 patients (8.3%) each presented with back, forehead and foot, 4 patients (6.6%) each presented on abdomen, knee, palm, ankle respectively and 2 patients (3.3%) presented on chest as a site of onset. Most of the patients i.e., 46 patients (76.6%) had chronic plaque psoriasis, followed by 8 patients (13.3%) had Palmo Plantar Psoriasis, 4 patients (6.6%) had Erythrodermic Psoriasis and 2 patients (3.3%) had Guttate psoriasis.

Table 1: Total PASI of Head Region

Total PASI Of Head Region						
	Before treatment		During treatment		After treatment	
	Mean	S.D	Mean	S.D	Mean	S.D
Group A	3.5571	1.9389	1.9643	1.1166	.5107	.5659
Group B	2.7429	2.3330	1.7500	1.5772	.6571	.7078
Total	3.1500	2.1648	1.8571	1.3583	.5839	.6392

Source	Df	Mean Square	F	Sig
Change	2	92.188	105.832	.000
Change Groups	2	3.297	3.785	.026
Error (Change)	108	.871		

Table 2: PASI of total upper extremity.

Total PASI Of Upper Extremity						
	Before treatment		During treatment		After treatment	
	Mean	S.D	Mean	S.D	Mean	S.D
Group A	7.9607	3.5086	4.2071	1.9275	1.4000	1.0223
Group B	5.3786	4.6349	3.0000	2.8383	1.1500	1.1995
Total	6.6696	4.2762	3.6036	2.4798	1.2750	1.1114

Source	Df	Mean Square	F	Sig
Change	2	409.969	129.377	.000
Change Groups	2	19.240	6.072	.003
Error (Change)	108	3.169		

Table 3: PASI of Total Trunk region

Total PASI Of Trunk Region						
	Before treatment		During treatment		After treatment	
	Mean	S.D	Mean	S.D	Mean	S.D
Group A	10.8250	5.6578	5.8607	3.1901	2.2643	1.8842
Group B	7.7071	7.1852	4.4786	4.7137	1.9286	2.4240
Total	9.2661	6.5980	5.1696	4.0484	2.0964	2.1578

Source	Df	Mean Square	F	Sig
Change	2	724.539	100.879	.000
Change Groups	2	27.645	3.849	.024
Error (Change)	108	7.182		

Table 4: PASI of total Lower extremities

Total PASI Of Head Region						
	Before treatment		During treatment		After treatment	
	Mean	S.D	Mean	S.D	Mean	S.D
Group A	15.2714	5.4509	8.7250	3.8952	3.2929	2.6591
Group B	12.9143	8.2045	7.2536	5.3222	3.2286	3.0612
Total	14.0929	7.0032	7.9893	4.6803	3.2607	2.8412

Source	Df	Mean Square	F	Sig
Change	2	1651.517	182.536	.000
Change Groups	2	18.717	2.069	.131
Error (Change)	108	9.048		

Table 5: Overall Assessment

Table 3: Overall Assessment				
	Group A		Group B	
Complete remission	8	26.6%	3	10%
Marked improvement	20	66.6%	23	76.6%
Mild improvement	2	0.6%	4	13%
Total	30	100%	30	100%

RESULTS

Before treatment in Group A mean was 3.5571 with SD of 1.9389, during treatment mean was 1.9643 with SD of 1.1166 and after treatment mean was .5107 with SD of .5659. In group B before treatment mean was 2.7429 with SD of 2.3330, during treatment mean was 1.7500 with SD of 1.5772 and after treatment mean was .6571 with SD of .7078.

P values for overall changes from pre, mid to post test was 0.000 – HS

P values changes with respect to groups was 0.026 – NS. (Table 1)

Before treatment in Group A mean was 7.9607 with SD of 3.5086, during treatment mean was 4.2071 with SD of 1.9275 and after treatment mean was 1.4000 with SD of 1.0223. In group B before treatment mean was 5.3786 with SD of 4.6349, during treatment mean was 3.0000 with SD of 2.8383 and after treatment mean was 1.1500 with SD of 1.1995.

P values for overall changes from pre, mid to post test was 0.000 – HS

P values changes with respect to groups was 0.003 – NS. (Table 2)

Before treatment in Group A mean was 10.8250 with SD of 5.6578, during treatment mean was 5.8607 with SD of 3.1901 and after treatment mean was 2.2643 with SD of 1.8842. In group B before treatment mean was 7.7071 with SD of 7.1852, during treatment mean was 4.4786 with SD of 4.0484 and after treatment mean was 1.9286 with SD of 2.4240.

P values for overall changes from pre, mid to post test was 0.000 – HS

P values changes with respect to groups was 0.024 – NS. (Table 3)

Before treatment in Group A mean was 15.2714 with SD of 5.4509, during treatment mean was 8.7250 with SD of 3.8952 and after treatment mean was 3.2929 with SD of 2.6591. In group B before treatment mean was 12.9143 with SD of 8.2045, during treatment mean was 7.2536 with SD of 5.3222 and after treatment mean was 3.2607 with SD of 3.0612.

P values for overall changes from pre, mid to post test was 0.000 – HS

P values changes with respect to groups was 0.131 – NS. (Table 4)

Overall assessment showed complete relief in 8 patients in group A and 3 patients in group B, marked improvement in 20 patients in group A and 23 patients in group B and moderate improvement in 2 patients in group A and 4 patients in group B. (Table 5)

DISCUSSION

The main objective of this study was to evaluate the efficacy of Shodhana. For this purpose, Shamana sneha was given to the patients of both the groups and additionally patients in one group received Virechana. Patients of both the groups were effectively benefited and reduced the symptoms of Ekakusta. With regards to additional benefit of Virechana karma, Patients of Virechana group were more benefited.

Kandu (Itching)

The drugs effect was statistically significant in all the areas in both the groups with slightly better result in group A. After consuming shodhananga sneha pana many patients found mild to moderate relief from kandu. After completion of virechana, patients found significant relief in Kandu. The reason of which may be due to the expulsion of doshas after virechana. In group B, patients found mild relief from kandu in 15 days and moderate relief after completion of treatment. This effect was probably due to Kaphahara, kandughna properties of the drugs like Guggulu, Haridra, Kantakari and Nimba used in Guggulu Tiktaka Gritha and kushtahara and Kandughna properties present in kutajasuryapaki Taila.

Raga (Erythema)

The drugs effect was statistically significant in all the areas in both the groups with slightly better result in group A. In few patients, erythema was reduced during snehapana itself, after virechana there was moderate reduction. This may be because of the pittashamana after virechanakarma and in group B, 12 patients got moderate relief in erythema in 15 days. This effect was probably due to Pittashamaka, raktashodhana and raktaprasadana property and shothahara property of drugs like Guggulu, Kantakari, Patha, Devadaru present in the GTG and pittashamaka guna present in kutajasuryapaki taila.

Matsyashakalopama (Scaling)

Scaling was reduced significantly in all the areas in both the groups with better result in Group A. This symptom was present in all the patients with severe degree. Mild reduction in scaling was observed after snehapana and the skin surface got smoothened during sarvanga abhyanga swedana and marked reduction in scaling was observed after Virechana.

After shamana sneha for 30 days with external application of kutajasuryapaki taila, complete remission of scaling was observed in most of the patients. This effect was probably due to expulsion of morbid doshas after virechana and due to vatahara property of Guggulu Tiktaka Gritha.

GTG may reach upto the stem cells present in stratum basale and may reduce the rate of proliferation of Keratinocytes. Kutajasuryapaki taila when applied externally due to mardavata and kledakaraka property may act as lubricant and reduce the fissure formation and amount of scaling.

Utsedha (Thickness)

Thickness was reduced significantly in all the areas in both the groups with better results in Group A. Mild relief was found during Shodhananga snehapana and moderate relief was found after virechana and complete remission of thickness was found after treatment in Group A.

Mild reduction in thickness was observed after 7 days of Shamanasnehapana and moderate reduction was observed after 30 days and 8 patients in group B got complete remission of thickness. This effect was probably due to the expulsion of kapha after virechana and kaphahara property present in Guggulu Tiktaka Gritha and kutajasuryapaki Taila.

Sthana (Area of lesions)

Most of the patients in both the groups were afflicted with the area of 70-89% and area of affliction was significantly reduced in group A compared to group B. After virechana, area of affliction was reduced to less than 10% and completely reduced in 7 patients. This may be due to the additional effect of Virechana karma followed in group A. The morbid doshas mainly pitta and kapha present in shakha is brought to koshta and expelled out. Due to Kaphahara, shothahara property area of affliction was reduced and due to varnya, Pittashamaka, Rakta shodhaka and raktaprasadana property present in both GTG and kutajasuryapaaki taila normal varna of twacha was obtained.

The overall result indicated statistically highly significant result in all the areas in both the groups except for the area of affliction. The results on area of affliction was highly significant in group A compared to group B.

Probable mode of action

Virechana Karma

The properties of virechana dravyas are Ushna, Tikshna, Sukshma, Vyavayi, Vikasi etc are mentioned in Ayurvedic classics which play a vital role in the mode of action of virechana karma.

Ushna: Ushna guna has Agneya property and hence “vishyandana” occurs and it facilitates movement of morbid doshas towards koshta. It also assists tikshna guna to perform its action.

Tikshna: Tikshna guna performs the function of “Sanghatabhedana”. It breaks the complex morbid matter into smaller molecules. According to Dalhana, it is responsible for quick excretion. Thus, Tikshna guna breaks mala and morbid dosha in microform.

Sukshma: Sukshma guna due to its anupravanabhava it helps to dilate the channel and to pass the drug into micro – channel. This property helps to remove the morbid matter from micro – channels and bring them to koshta for expulsion.

Vyavayi: Due this property, drugs spreads quickly throughout the body and starts their action before its digestion. Virechana drugs spreads all over the body without changing their form.

Vikasi: Due to this property drugs loosens the dhatu bandhana. It creates the dhatu shaithilyata. Hence drugs initiate their action without being digested.

From above description of properties of virechana dravya, it can be concluded that due to their vyavayi, vikasi, sukshma guna, virechana dravyas reaches minute srotas and by virtue of its ushna, tikshna guna it scrapes out and liquefies morbid mala and compact doshas. Virechana dravyas are predominant of Prithvi and Jala mahabhutas, due to which the gati of dravya is towards adhobhaga. In this way, virechana dravyas bring shakhagata Mala to koshta and consequently expels out from the body⁸.

Guggulu Tiktaka Gritha

Guggulu Tiktaka Gritha when administered during annakala, when the patient is having good appetite, gets digested easily without adhering to the lumen of the srotases. These snehas then spread all over the body, gain access into the sukshma rasayanis and reaches the site of vitiated doshas by the virtue of its sukshmaguna. After

reaching the site of vitiated doshas pacifies the same by the virtue of their properties.

It may act on the stem cells present in the stratum basale which are responsible for continuous production of new keratinocytes. By this they may control the accelerated epidermiopesis and oedema of prickle cell layer⁹.

Effect of Guggulu Tiktaka Gritha may be drawn at different levels as follows;

Action on Dosha

- Guggulu Tiktaka Gritha exerts its action on all the 3 doshas because it is processed with suitable drugs. It possesses the heterologous qualities of vitiated doshas (Vatakapaha pradhana tridoshas) and homologous qualities of the structure where doshas are situated (in twakadi dhatu)
- Guggulu and other most of the ushnaveerya drugs of this preparation act as vatakapahara. This preparation contains most of the tikta kashaya dravya which will act as pitta and kapha shamaka. Though laghu and ruksha guna and tikta kashaya rasa are vatakara, ghrita and other vatahara drugs in this preparation will neutralize the adverse action and make vata shamana.
- Kandu may be relieved by drugs like Guggulu, Kantakari, Nimba, Haridra, by their kandughna properties. Erythema may be relieved by shothahara property of drugs like Guggulu, Kantakari, Patha, Devadaru and Kushtaghna drugs present in this preparation will make the vyadhi shamana probably due to prabhava they are having.

Action on Dhatu

- Most of the drugs having tiktaraasa will make the sthirikarana of mamsa and twacha which had become shithila during disease process. Ghrita is said to be vatapittahara, so it may act on twacha which is the seat of these doshas.
- Drugs like Guggulu, Haridra, Manjista act as varnya which may relieve the aruna and Krishna varna manifested in twacha.
- Most of the kashaya rasa pradhana drugs will act as ropaka and sandhanakara of twagadi dhatu.
- Drugs like Manjista, Kushta, Vidanga, Guduchi etc, act on raktadosha by their rakta shodhaka and rakta prasadaka action.
- Kashaya tikta rasa drugs make the shodhana of kleda and laseeka.
- Drugs like Tejovati, Maricha, Kushta may help in relieving aswedana by their swedajanana action probably due to ushnaveerya.
- Ghrita acts as rasayana and drugs like Guggulu, Guduchi, Pippali may act on impaired immune system in Psoriasis by their rasayana property.
- Excessive and continuous usage of tikta kashaya dravya may cause karshana and dhatu shoshana. So ghrita prevents all these adverse effects.

Action on Agni

Ghrita is said to be agnideepaka. In the preparation drugs like sarjaksara, Yavakshara, Shunti, Ativisha, Chavya will act as agnideepaka and amapachaka by their tikta katu rasa and ushna veerya. These may act on both jatharagni and dhatwagni. Guggulu Tiktaka Gritha may act all the level of metabolic function and may normalize the

chemical changes and metabolic abnormalities found in Ekakusta

Action on Srotas

Drugs like ghrita, tikta kashaya dravya and drugs having raktashodhaka, raktaprasadhana property will act at the level of raktavaha srotas and may help in relieving vyadhi. As mentioned earlier drugs having swedajanana property will act at the level of swedavaha srotas and relieves the sanga present in this srotas.

In psoriasis basic pathology is increased epidermopoesis which may be taken as atipravritti caused due to vitiated vatadosha. This ghrita preparation may reach up to the stem cells present in stratum basale and may reduce the proliferation rate by acting as vatashamaka.

Kutajasuryapaki Taila

This preparation contains Tila taila and kutaja. On application of this taila may act as twachya and varnya.

These 2 drugs act as Kaphaghna, pittaghna, Kandughna and twakdosha, vranashodhaka, vranaropana and shothahara. Tila taila brings mardavata of twagadi dhatu along with dhatu pusti due to sookshma, preenana, guru and sara guna.¹⁰

The probable mode of action of this preparation on Ekakushta may be as follows

- Lipid soluble substances penetrate the skin, so absorption of this preparation will be more and absorption will be carried through hair follicles and sebaceous glands.
- In psoriasis, keratin layer is damaged which is the principle barrier to skin permeability and kutajasuryapaki taila will be absorbed more easily.
- The keratin layer acts as a reservoir for a drug, hence it slowly diffuses into the deeper layer of the skin for many hours. So this preparation may act for longer time. It act as lubricant and reduces fissure formation within plaques and assists in maintaining flexibility of the surrounding skin.
- kutajasuryapaki taila may be beneficial in helping to reduce the amount of scales present on the surface of psoriatic plaque.
- Vrana ropana and vrana shodhaka action of the drug may promote healing of lesions and aid in the treatment of Psoriasis.
- Krimighna property of the preparation may prevent secondary infections.
- Kandughna property of the preparation may help in reducing the kandu.
- Tila taila used in the preparation enhances blood circulation and having anti-oxidants slows the aging process, relieves dryness and restores moisture to the skin.

CONCLUSION

Ekakusta is a Vatakaphaja raktapradoshaja vyadhi and one among the Kshudra kustas and it bears a greater resemblance with Psoriasis. A comparative clinical study was conducted on patients of Ekakusta with Virechana followed by Guggulu tiktaka gritha shamana sneha in one group and only Guggulu tiktaka gritha shaman sneha in other group, with external application of kutajasuryapaki taila in both the groups were very effective in management of Ekakusta. In patients who received virechana karma, had no vyapats during treatment and had marked reduction in symptoms. This was observed after virechana. By applying kutajasuryapaki Taila most of the patients felt softness in the skin lesions and marked reduction in Kandu and scaling. In both the groups PASI score was reduced remarkably. Statistically highly significant result was obtained in both the groups, but the rate of reduction in symptoms was faster in group A. Group A showed significant result in reduction of afflicted area compared to group B. Overall assessment showed complete relief in 8 patients in group A and 3 patients in group B, marked improvement in 20 patients in group A and 23 patients in group B and moderate improvement in 2 patients in group A and 4 patients in group B.

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Cite this article as:

M. Mahesh Sharma, Gajanana Hegde, R.C.Mythrey. A comparative clinical study on the management of psoriasis w.s.r. to ekakushta. Int. J. Res. Ayur. Pharm. 2013; 4(1):84-89