



# “TO EVALUATE THE ADDED EFFECT OF ARAGWADHADI GANA UTSADANA WITH VIRECHANA KARMA IN THE MANAGEMENT OF EKAKUSHTA W.S.R TO PSORIASIS – A COMPARATIVE CLINICAL STUDY”

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## **ABSTRACT:**

**BACKGROUND OF THE STUDY:** Psoriasis is one of the top listed dermatological problems of present day. It is affecting the 2% of the world's population. Through this disorder is not a contagious but it is often source of social embarrassment. Patients often think isolates themselves from the fear of rejection from the society. For this suffering Ayurveda literature have wealth of resource information regarding the measures for treatment of Kushta. Shodhana a long recognized therapeutics of Ayurveda plays a central role in the management of this condition. Virechana is one of the Shodhana modality which plays very important part in management of this stubborn disease. Virechana with Aragwadhadi lehya is not extensively practiced, though Aragwadha is mentioned in Kushtagna Mahakashaya by Acharya Charaka and Aragwadhadi gana Utsadana which helps in Siramukha Viviktata and Twakstagni tejaka is told by Acharya Sushruta in Kushta Chikitsa. **OBJECTIVES OF THE STUDY:** 1) To evaluate the effect of Aragwadhadi Lehya Virechana in Eka Kushta. 2) To evaluate the effect of Aragwadhadi Lehya Virechana with Aragwadhadi Gana Utsadana in Eka Kushta 3) To compare the added effect of Aragwadhadi Gana Utsadana with Aragwadhadi lehya Virechana in Eka Kushta. **STUDY DESIGN:** It is a comparative clinical study where minimum of 40 patients suffering with Eka Kushta were randomly recruited to 2 groups, Group A and Group B each with 20 patients. Group A: Patients of this group was treated with Aragwadhadi Lehya Virechana Group B: Patients of this group is treated with Aragwadhadi gana Utsadana followed by Virechana with Aragwadhadi Lehya. Effect treatment is assessed using PASI Scale. **RESULTS AND CONCLUSION:** Comparative analysis of the overall effect of the treatment in both the groups was done by statistically with unpaired t test. The test shows that the treatment is significant in Group B when compared to Group A. Group A overall results is 42.92% and Group B overall results is 60.00%. Both the group showed moderate improvement in features of Ekakushta both clinically and statistically.

**KEY WORDS:** Eka Kushta, Psoriasis, Virechana, Aragwadhadi Lehya, Aragwadhadi Gana Utsadana.

**INTRODUCTION:**

Ayurveda an ancient system of Health care is a result of India's quest for disease free living. The amazing journey of Ayurveda from its divine origin to present day gives us the hint about the enormous potential this science possessing. Its successful existence since time immemorial itself proves its scientific approach of treatment that has remained unchanged till date. One of such unique line of treatment is Shodhana Karma.

Shodhana is a procedure, where if Roga janaka doshas are in Prabhuta avastha they are expelled through the nearest route. Virechana Karma is one of the Shodhana modality which is performed to eliminate vitiated Pitta dosha from the body. Though Virechana is Agnya Shodhana for vitiated Pitta Dosha, we find reference that it also eliminates vitiated Kapha and Vata Dosha

Virechana is a line of treatment in many chronic and stubborn disorders and one of such disorder is Kushta. In Ayurveda many of the skin disorders are brought under one umbrella called Kushta. Acharyas had faith in Virechana to put control over disease causing morbid morbid factors. Eka Kushta, one of the Kshudhra Kushta can managed with Virechana Karma.

Utsadana is a procedure same as that of Udvartana, the only difference is in Utsadana herbal paste is mixed with oil. It is indicated in Vata Pradhanaja conditions.

Eka Kushta is one among the Kshudhra Kushta with predominance of Vata and Kapha, Signs and symptoms includes Aswedanam, Mahavastu, Matsya Shakalopamam of skin. Blackish and reddish patches all over the body. Which can be compared with the symptoms of psoriasis.

Psoriasis is typically present with a raised, well demarcated erythematous plaque of variable size. In untreated disease, silver/white scale is evident and more obvious on scrapping the surface, most commonly affected areas are the back of the forearm, shin, around the navel elbow and the scalp. Frequently these plaques are quite itchy in nature.

The worldwide prevalence of psoriasis is estimated to be approximately 2-3%. Although the disease is known to have higher prevalence in the polar region of the world making psoriasis a serious global problem with at least 100 million individual affected worldwide. In a diverse country such as India the prevalence of psoriasis may vary from region to region due to variable environment and genetic factor. Higher prevalence in males has been reported with a peak age at onset in the third and fourth decade of life. Incidence is higher in adult from 0.91% to 8.5% as compared with children from 0% to 2.1%.

Ayurveda literatures have a wealth of resource information regarding the measures for treatment of Kushta, Virechana is indicated in Kushta. Virechana with Aragwadha Leha is not extensively practiced, though Aragwadha is mentioned in Kushtaghna Mahakashaya by Charaka and Aragwadhadi Gana Utsadana which helps in Siramukha Viviktata and Tvakstha Agni Tejaka is told by Sushruta in Kushta Chikitsa.

The present study will help to develop some evidence regarding this aspect; hence an effort has been made to "Evaluate the added effect of Aragwadhadi Gana Utsadana with Virechana Karma in the management of Eka Kushtha Virechana W.S.R to Psoriasis"

**AIMS & OBJECTIVES:**

1. To evaluate the effect of Aragwadhadi lehya virechana in eka Kushta.
2. To evaluate the effect of Aragwadhadi lehya virechana with Aragwadhadi gana Utsadana in Eka Kushta.
3. To compare the added effect of Aragwadhadi gana utsadana with aradawadhadi lehya virechana in Eka Kushta.

**MATERIAL & METHOD:**

This study was conducted on 40 subjects with classical sign & symptoms of Eka Kushta by adopting appropriate assessment criteria. All subjects were given with appropriate information regarding study & consent was taken. Later Group A subjects was treated with Virechana Karma & group B subjects was treated with Utsadana followed by Virechana karma.

**Source of data:** The subjects attending the OPD and IPD of S.J.I.I.M., hospital, Bangalore.

**Research Design:** "A Randomized Comparative Clinical Study"

**INCLUSION CRITERIA:**

- Subjects suffering from classical signs and symptoms of Ekakushta.
- Subjects fit for Virechana karma & Utsadana Karma
- Subjects in between 18- 60 years.

**EXCLUSION CRITERIA:**

- Subjects with other systemic diseases like cardiac illness and chronic nonhealing ulceration on the skin.
- Subjects suffering from psoriatic arthritis.
- Pregnant & Lactating women.

**Diagnostic criteria:**

- Subjects with sign and symptoms of Eka Kushtha like presence of silvery scales (Mastyashakalopamam), Mahavastu (exaggerated distribution), Aswedanam (Reduced perspiration)
- Candle Grease Test
- Positive Auspitz Sign.

**PLAN OF INTERVENTION:**

**Sample size and grouping:** 40 subjects who fulfilled the inclusion criteria were randomly divided into Group A and Group B. Each group consisting of 20 patients.

**Group A:** In this group Virechana was administered using Aragwadhadi Lehya. Dose: 40gms in Mridu Koshta 50gm in Madhyama Koshta 60gm in Krura Koshta. (Dose standardized by Dr Vanajakshi, 2010-2011, thesis titled role of vama and virechana in Amlapitta) If proper vega pravritti was not seen Triphala kashaya as Virechanopaga was given in the dose ranging between 20ml – 50ml.

**Group B:** In this group, Aragwadhadi Gana Utsadana was given externally followed Virechana was administered using Aragwadhadi Lehya.

**Dose of Utsadana Churna:** Sufficient quantity, depending upon the size and distribution of the skin lesions.

Table no:1 Showing Table of Trividhakarma

	<b>Group A</b>	<b>Group B</b>
Purvakarma	1) Deepana, Pachana with Chitrakadi Vati 2 TID before food, Till Niramavastha is obtained. Snehapana with Mahatiktaka ghrita in Arohana Krama, till samyak snigdha lakshana is obtained. Sarvanga Abhyanga with Vajraka taila flb Ushnajala snana.	1) Aragwadhadi gana utsadana for 7 days 2) Deepana, Pachana with Chitrakadi Vati 2 TID before food, Till Niramavastha is obtained. Snehapana with Mahatiktaka ghrita in Arohana Krama, till samyak snigdha lakshana is obtained. Sarvanga Abhyanga with Vajraka taila flb Ushnajala snana.
Pradhana Karma	Virechana with Aragwadhadi lehya.	Virechana karma with Aragwadhadi lehya.
Paschat karma	Samsarjana krama as per shuddhi.	Samsarjana krama as per shuddhi.

**Assessment Criteria:**

Assessment of Virechana karma will be based on:

1. Laingiki Shudhi
2. Vaigiki Shudhi
3. Antiki Shudhi

Assessment of improvement in Psoriatic lesions following treatment was based on clinical evaluation and PASI Scale.

**Subjective Parameters:**

Kandu: Itching

0	No itching
1	Mild/ occasional itching
2	Moderate frequent itching
3	Severe frequent itching
4	Very severe itching, which disturbs sleep and other routine activities

**Objective Parameters:**

To understand overall effect of Virechana karma and Utsadana on Psoriasis, the Psoriasis area and severity index (P.A.S.I) scoring method was adopted. PASI scoring was calculated by using Psoriasis Area Severity Index worksheet of British Columbia.

**OBSERVATIONS:**

In the present clinical study, a total 42 subjective were registered for the study out of which 40 subjects completed the study comprising of 20 subjects in each group.

Total number of Subjects Screened and registered for the study -42

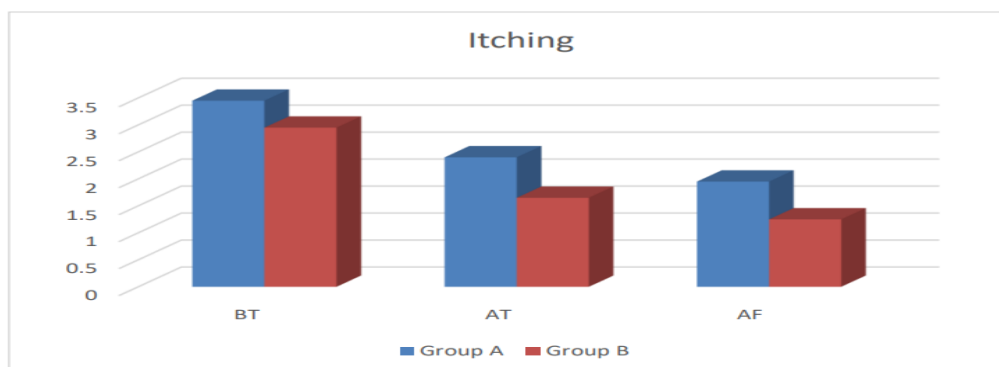
Number of Subjects registered in Group A -22

Number of Subjects registered in Group B -20

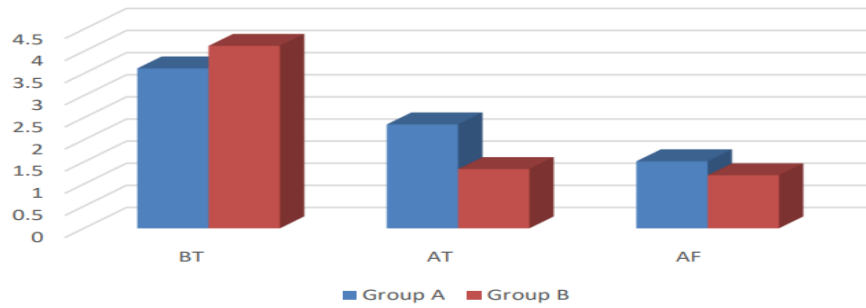
Number of Subjects completed the study in Group A -20

Number of Subjects completed the study in Group A -20

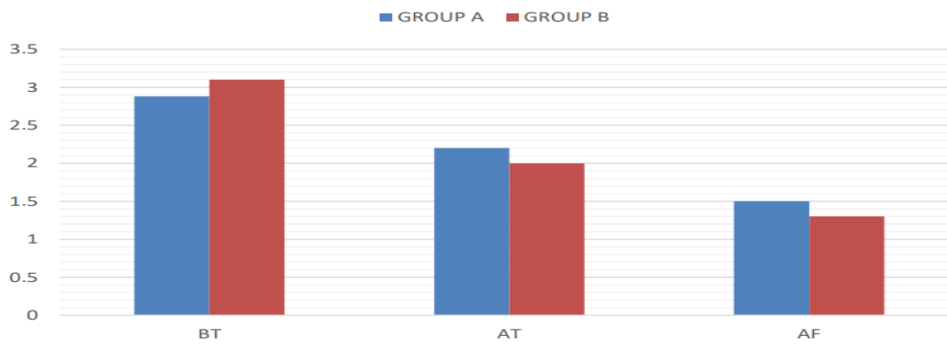
Number of drop outs in Group A – 2.

**RESULTS:**

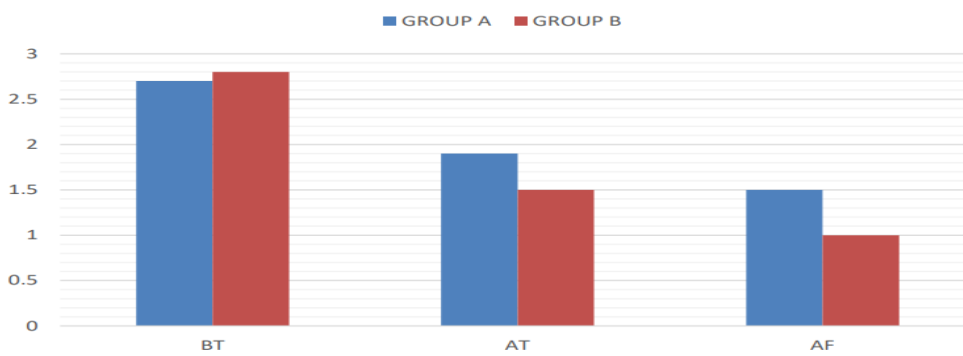
Itching -PASI Scale



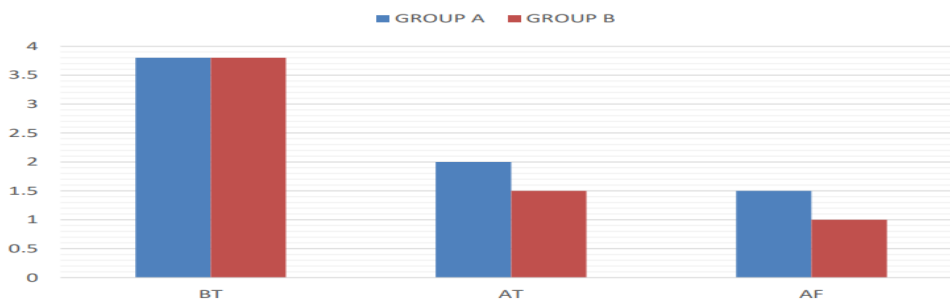
Erythema



Induration



Scaling



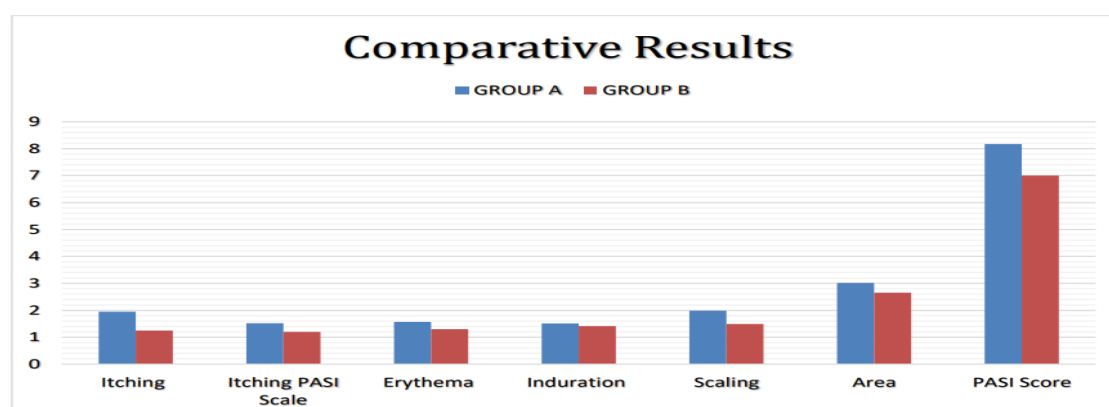
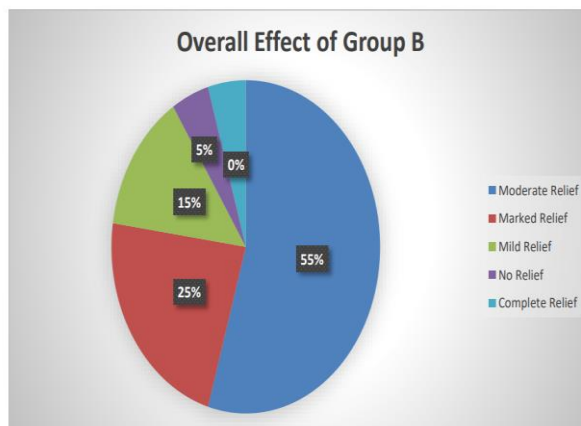
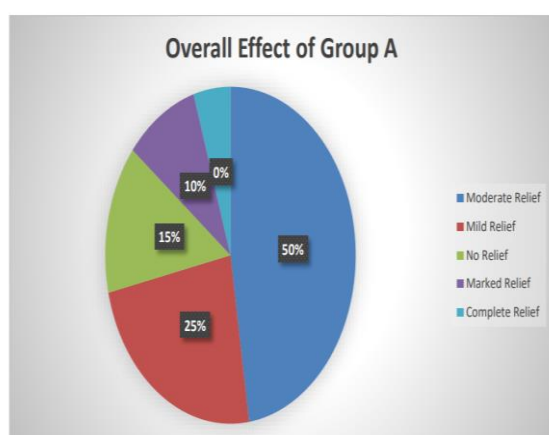
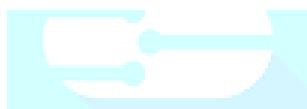
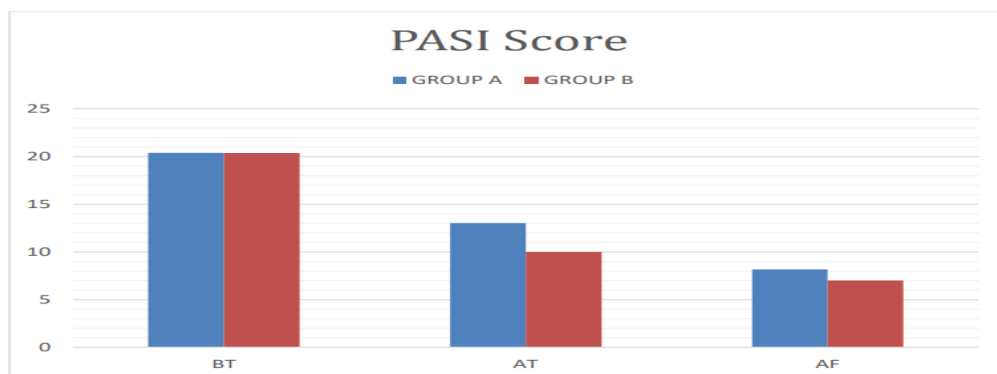
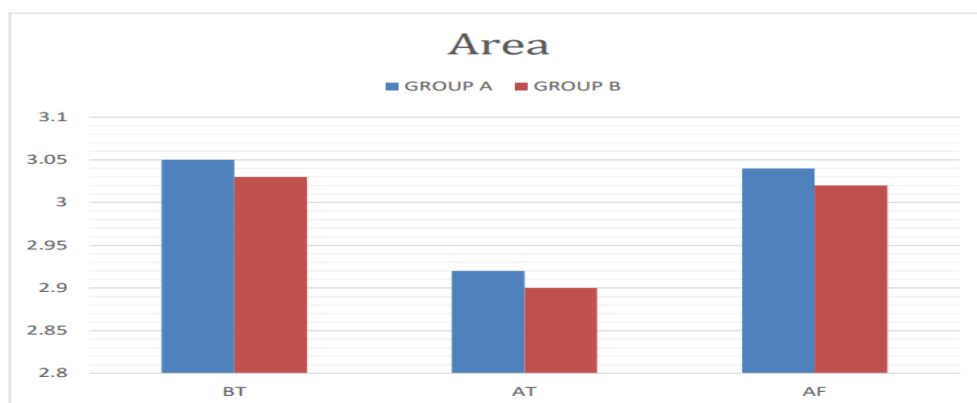


Table No: 2 Showing comparative results of Group A and Group B

Group A	Group B	Mean Difference	SE ( $\pm$ )	T value	P value
42.92	60.00	17.08	7.71	2.58	<0.05

Comparative analysis of the overall effect of the treatments in both the groups was done by statistically with unpaired t test. The test shows that the treatment is significant in Group B when compared to Group A. Group A overall result is 42.92% and Group B overall result is 60.00%.

## **DISCUSSION:**

### **Discussion on mode of action of Virechana:**

- Acharya Charaka described a very unique and conceptual mechanism of Virechana karma.
- In the Virechana process during the relaxation face of peristaltic wave, sphincter of Oddi becomes relaxed. Then, bile comes out in G.I. Tract and gets eliminated from the body. Bile can be correlated with Pittavargiya Dravya. Thus, Virechana process reduces Pitta Dushti and normalizes the Agni. Thus, it can be said that Virechana becomes helpful in elimination of vitiated Pitta.
- Through the media of bile, waste products also get expelled out from the body. Further, during the Virechana process, increase tactile stimulation and local nervous reflex increases mucous secretion. It can be correlated with Kaphavargiya Dravya, which is expelled out during Virechana process. Hence, it also become helpful in elimination of vitiated Kapha.
- Besides this Virechana pacifies Vata as quoted by Acharya Vagbhata. In the Samprapti of Kushta Tridosha, Rasa and Rakta plays an important role, so from the above discussion it is well understood that how Virechana becomes helpful in the Samprapti Vighatana of Kushta.

### **Discussion on mode of action utsadana Karma:**

Utsadana is type of Udvartana adopted in the present study prior to Virechana Karma in Group B which is one among the Bahirparimarjana Chikitsa performed by rubbing certain Churnas mixed with oil with adequate pressure against the direction of hair follicles and is attributed with Vatahara, Siramukhaviviktava, Gauravahara and Sthirakaranam Anganam effect. Utsadana ensures the Pachana of Dooshita Doshas and increases the Agni at the level of Twak. The Bhrajaka Pitta which is situated at the Twak digests the Utsadana Aushadhi and Virya of it is carried by its action to the body through the Siras. Though, Utsadana is Snehana modality of treatment, the main intension to adopt the same was to exert Bahir Shodhana effect that helps in disintegrating the pathology pertaining to Ekakushta. Psoriasis is a scaling predominant disease in which the lesion of various sizes are seen which are characterised by dry silvery scales. Typical lesions are covered with overlapping thick silvery micaceous or slightly shiny scales. Utsadana does Bahir Mala Shodhana & reduces the hyperproliferation of keratinocytes. Acharya Sushruta, in Kushta Chikitsa Adhyaya have emphasized the role of Utsadana with Aragwadhadhi Gana having the properties of Kushtagnata whereas Aragwadha is being best Dravya for Bahir- Parimarjana Chikitsa was taken up for the study.

As the disease Ekakushta is manifested due to the obstruction of Romakoopa at the level of Twak and the obstruction to Sweda, it becomes very essential to adopt Utsadana as a Poorvakarma in order to disintegrate the above pathology by exerting Siramukhaviviktatva and Twaksta Agni Deepana effect. Utsadana by virtue of its 'Twak Kantikaram' effect exerts its action directly at the level of Twak itself which is the site of disease manifestation thereby relieving the signs and symptoms of Ekakushta. In the initial phase of Utsadana, the tolerability of treatment in subjects was more as there were scales and once it was reduced, the Auspitz's sign was appreciated and tendency to develop bleeding spots at the level of lesion was observed as the scales were removed, so modification in the treatment by reducing the pressure was incorporated. The hyperaemic changes of skin was appreciated indicative of peripheral vascularization which reflects the Siramukhaviviktata effect of Utsadana. As Kandu is one among the clinical manifestation in psoriasis which generally increases during the Shodhananga Snehapana and in order to overcome the same, Bahir Shodhana effect of Utsadana has been found beneficial by Virtue of its Kanduhara effect.



**CONCLUSION:**

The following conclusions can be drawn based on the analysis of the conceptual study and observations made in the clinical study.

- Ekaksuhta is a type of Kshudra Kushta which comes under Bahya Rogamarga Ashrita Vyadhi presenting with the Lakshanas of Matsyashakalopam, Aswedanam and Mahavastu.
- Psoriasis is a chronic inflammatory, hyper proliferative skin disease and is characterised by well-defined, erythematous scaly plaques, particularly affecting extensor surfaces and scalp.
- Based on the available explanation of these two diseases, Ekaksuhta can be broadly understood under the subset of Psoriasis.
- Hetu of a Vyadhi plays an important role in the exacerbation of the disease symptoms, hence Nidana Parivarjana should be given prime importance for the promising effects of a treatment.
- Virechana Karma is one of the radical line of management which is known to uproot the disease by expelling the causative Dushita Dosha out of the body.
- Utsadana is a type of Udvartana, as mentioned by Acharya Sushruta. It acts mainly on the basis of Siramukhaviviktatva and Twaksta Agni Tejaka, there by exerting Bahir Shodhana effect (Vangasena). • Acharya Sushruta has emphasized the importance of Utsadana with Aragwadhadhi Gana in Kushta Chikitsa Adhyaya.
- Mahatiktaka Ghrita for Shodhananga Snehapana, Vajraka Taila for Abhyanga as Bahya Snehana and Aragwadhadhi lehya for Virechana Karma were selected which is indicated in Kushta Chikitsa.
- Aragwadhadhi Gana is used for Utsadana Karma, as it is known to possess exceptional like Kushtagna, Kandugna and Vishagna which are apt for the disease.
- From the present study, it can be concluded that Utsadana Karma followed by Virechana shows significant result in the overall effect i.e. Group A showed 42.92% and group B showed 60% improvement.
- By this it may be considered that Utsadana has a considerable added effect if administered prior to Virechana in Kushta Vyadhi.
- Though the study shows significant results clinically and statistically in the parameters of Psoriasis, keeping in mind the nature of the disease and its recurrence, one has to plan repeated sets of Shodhana for achieving best results in the long run.

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