

A Clinical study on Role of “Saptasamo Yoga and Darvyadi Yamak Malahara” in the management of Ekakushtha (Psoriasis)

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ABSTRACT : Psoriasis is considered to be inherited as an autosomal dominant character with irregular penetrance. In present study psoriasis has been taken as Ekakushtha, because it is more similar with psoriasis than any other type of Kushtha. Modern medical science treats psoriasis with PUVA and corticosteroids. But the disease recurrence and gives serious side effect like liver, kidney failure, bone marrow depletion. Present study was undertaken to provide safe and effective remedy for psoriasis. Shodhana, Shamana and Nidan parivarjana are main treatments for any disease. So, in present study Saptasamoyoga and Darvyadi yamak malahara have been selected as Shamana. Psychological stress is emphasized as one of the major triggering factor in the exacerbation of the disease. For clinical trial total 25 patients were selected. Three groups were made to evaluate the therapy. All the patients were diagnosed & assessed thoroughly on the basis of Ayurvedic classical signs & symptoms. Further diagnosis was confirmed by the presence of other symptoms & signs of Psoriasis described in modern texts e.g. Auspitz sign, Koebner phenomenon etc. All the signs & Symptoms were assigned scores, depending upon their severity to assess the effect of the drugs objectively. Both groups showed highly significant result on same symptoms but Group B shows better results than Group A.

Key words : Auspitz sign, Darvyadi Yamak Malhar, Ekakushtha, Psoriasis, Saptasamoyoga.

INTRODUCTION

Skin is the envelope of internal structure which protect us from various external invasions and is also the seat of complexion, which maintains beauty and personality. It provides individual identity in society. Skin diseases account for a great deal of misery, suffering, incapacity and economic loss.¹ Skin disease appears to be becoming more common because there is a lowered threshold for seeking medical attention, the absolute incidence of many diseases and often neglected, the therapeutic option for a number of diseases have increased and awareness of these therapies is belatedly spreading². All the skin diseases in Ayurveda have been discussed under the broad heading of “Kushtha”, which are further divided in Mahakushtha & Ksudra Kushtha³ and Vata Kaphaja phenomenon⁴. In present study psoriasis has been taken as Ekakushtha, because it is more similar with psoriasis than any other type of Kushtha. Psoriasis is a chronic disease, its course is punctuated by intermissions and remissions. The exact etiology is still unknown⁵. Psoriasis appears to be largely a disorder of keratinization. Psychological stress is emphasized as one of the major triggering factor in the exacerbation of the disease⁶. Modern medical science treats psoriasis with

PUVA and corticosteroids. But the disease recurrence and gives serious side effect like liver, kidney failure, bone marrow depletion. Present study was undertaken to provide safe and effective remedy for psoriasis. Shodhana, Shamana and Nidan parivarjan are main treatment for any disease⁷. So, in present study Saptasamoyoga⁸ and Darvyadi yamak malahara⁹ was selected as Shamana, Nidana parivarjan and Pathyapathya has been advised to the patients. For the purpose of shaman “Saptasamo yoga” was selected. As it contains Bhallataka which is mentioned in Kusthaghna Mahakashaya. In addition its Rasayana and Kusthaghna properties are also accepted in Dhanvantari and Bhavprakash nighantu¹⁰.

All the drugs in Saptasamo yoga are Vata-kapha shamaka and Ekakushtha is also Vata-kapha pradhan kushtha. Therefore saptasamo yoga has been selected for shaman. Lepan has been given importance in Kushtha by all Acharyas. Maharshi Sushruta described the chikitsa sutra;

त्वक् संप्राप्तो शोधन लेपनानि च । (Su. Ni. 9/6)¹¹

Darvyadi yamak malhar have kushthaghna, kandughna and healing properties so the yoga has been selected. The Aims and objectives of the study include to study the aetiopathogenesis & prevalence of “Ekakushtha” in details in the light of the description available in the modern medicine for psoriasis and to assess the role of “Saptasamoyoga” and “Darvyadi yamak malahara” in the management of Ekakushtha.

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MATERIAL & METHODS

Conceptual : It contains of the proforma, prepared on the basis of classical text as well as modern text.

Clinical : For the present study the patient fulfilling the clinical criteria for diagnosis of Ekakushtha were randomly selected irrespective of their sex, religion, occupation etc. from OPD & IPD of Kayachikitsa department of IPGT & RA, Jamnagar.

Laboratory investigations : Routine hematological, urine routine and Microscopic, FBS,

PPBS investigation were carried out in present study.

Inclusion criteria : All the patients were diagnosed & assessed thoroughly on the basis of Ayurvedic classical signs & symptoms. Further diagnosis was confirmed by the presence of other symptoms & signs of Psoriasis described in modern texts e.g. Auspitz sign, Koebner phenomenon etc.¹²

Exclusion Criteria : A) Patients suffering from diabetes mellitus. B) Age less than 7 years and more than 70 years.

Contents of Drugs :

No.	Name of drug	Proportion	Drug formulation	Dose	Reference
I. Saptasamo Yoga :					
1	Bhallataka	1 part	Powders	3 gm twice	Chakradatta
2	Triphala	1 part		daily with	Chi.50/61
3	Trikatu	1 part		Goghrita and	
4	Tila	1 part		Madhu as	
5	Sharkara	1 part		Anupana	
II. Darvyadi Yamak Malahara :					
1	Daruharidra	¼ of snehadravya	Malahar	As per lesion	Ch.Chi.
2	Jivanti	¼ of snehadravya		on the	7/121-122
3	Manjishtha	¼ of snehadravya		body/twice	
4	Tuttha	¼ of snehadravya		a day	
5	Kampillaka	¼ of snehadravya			
6	Sikta	¼ of snehadravya			
7	Sarjarasa	¼ of snehadravya			
8	Sarshap tail	1 part			
9	Goghrita	1 part			

Grouping and Posology :

A total 25 patients of Ekakushtha were registered for the present study. They were randomly divided into three groups.

Darvyadi yamak malahar (Group A) :

In this group patients were given Darvyadi yamak malahar for application twice daily.

Dose : Depending upon the area of involvement by the disease.

Duration : 60 days.

Darvyadi yamak malahar & Saptasamo yoga (Group - B) :

In this group, patients were given Darvyadi yamak malahar for local application and Saptasamo yoga in form of churna taken with Ghrita and Madhu twice daily.

Dose : Malahar depending upon the area of involvement by the disease Saptasamo yoga 3 gm twice daily.

Duration : 60 days.

Placebo group (Group - C) :

In this group patients were given placebo capsules filled with glucose powder 1 BD.

Dose : 500 mg (1 capsule) twice daily.

Duration : 60 days.

Criteria for Assessment :

All the signs & Symptoms were assigned scores, depending upon their severity to assess the effect of the drugs objectively. The details of which are as shown below.

Aswedanam :

Normal sweating	0
Mild sweating	1
Mild sweating after exercise	2
No sweating even after exercise	3

Srava :

No srava	0
Mild srava	1
Moderate srava	2

Mahavastum :

No lesions on Mahavastum	0
Lesions on partial hand, leg, neck, scalp, back	1
Lesions on most part of hand, leg, neck, scalp, trunk, back	2
Lesions on whole part of Mahasthanam	3
Lesions on whole body	4

Matsyashaklopanam (Scaling):

No scaling	0
Mild scaling by rubbing/by itching (scaling from some lesions)	1
Moderate scaling by rubbing/by itching (from all lesions)	2
Severe scaling by rubbing / by itching (from all lesions)	3
Scaling without rubbing / by itching (from all lesions)	4

Krushna aruna varna :

Normal coloration	0
Near to normal which looks like normal colour to distant observe	1
Reddish coloration	2
Slight black reddish discoloration	3
Deep black reddish discoloration	4

Kandu :

No itching	0
Mild / occasional itching	1
Moderate (tolerable) in frequent	2
Very severe itching disturbing sleep and other activity	3

Rukshata (Dryness) :

No line on scrubbing with nail	0
Faint line on scrubbing by nail	1
Lining & even words can be written on scrubbing by nail	2
Excessive rukshata leading to kandu	3
Rukshta leading to crack formation	4

Daha :

No daha	0
Mild daha	1
Moderate daha	2
Severe daha	3

Mandala (Erythma) :

Normal skin	0
Faint or near to normal	1
Blanching + red colour	2
No blanching + red colour	3
Red colour + subcutaneous	4

Bahalatva :

No bahalatva	0
Mild thickening	1
Moderate thickening	2
Very thick	3
Very thick with induration	4

Criteria for assessment of overall effect of therapy :

The total effect of the therapy was assessed considering the following criteria

- 1) Complete remission: 100% relief in the signs & symptoms was considered as Complete remission.
- 2) Markedly improvement: more than 76% & less than 99% relief in the signs & symptoms was considered as marked improvement in the signs & symptoms.
- 3) Moderately improvement: more than 51% & less than 75% relief .
- 4) Mild improvement : 26-50% relief.
- 5) Unchanged: below 25% was considered as unchanged.

OBSERVATION & RESULTS**TABLE NO. 1 : EFFECT OF GROUP-A ON CHIEF COMPLAINTS IN 9 PATIENTS OF EKAKUSHTHA (PSORIASIS) :**

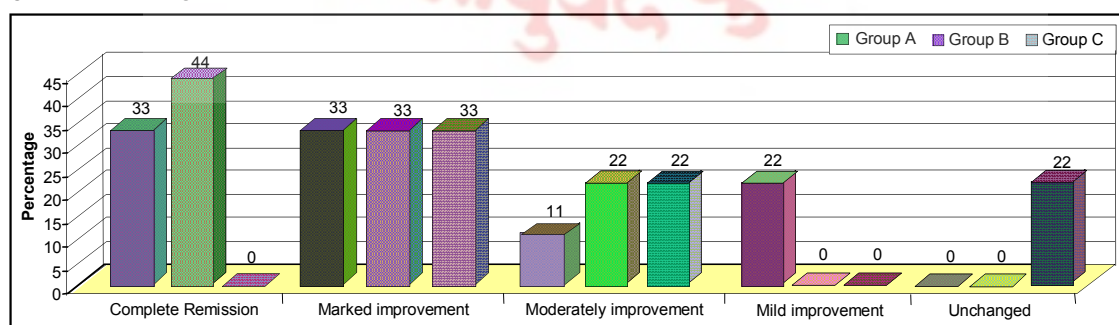
Chief complaint	B.T.	A.T.	Relief %	S.D. \pm	S.E. \pm	t	p
Aswedanam	2.5	0.6	70	0.83	0.27	2.80	<0.05
Mahavastum	2.5	0.5	80	1.01	0.33	1.31	>0.1
Matsyashakalopamam	1.8	0.6	76.3	0.97	0.32	5.48	<0.001
Krushna aruna varna	3.0	1.0	69.2	1.22	0.40	2.44	<0.05
Srava	1.0	0	100	0.33	0.11	1.0	>0.10
Kandu	2.1	1.0	86.3	0.78	0.26	7.24	<0.001
Rukshata	1.0	0.3	78	0.33	0.11	10	<0.001
Daha	2.0	0.5	75	0.70	0.23	1.4	>0.10
Mandala	2.0	1.0	75	1.0	0.30	2.0	>0.05
Bahalata	1.5	0.14	91	0.78	0.26	4.26	<0.001

TABLE NO. 2 : EFFECT OF GROUP-B ON CHIEF COMPLAINTS IN 9 PATIENTS OF EKAKUSHTHA (PSORIASIS) :

Chief complaint	B.T.	A.T.	Relief %	S.D. \pm	S.E. \pm	t	p
Aswedanam	2.5	0	100	0.86	0.28	2.30	<0.05
Mahavastum	2.5	0.25	100	0.30	0.10	1.0	>0.10
Matsyashakalopamam	1.8	0	100	0.88	0.29	4.91	<0.001
Krushna aruna varna	3.0	1.5	50	0.86	0.26	2.30	<0.05
Srava	1.0	0	100	0.30	0.10	1.0	>0.10
Kandu	2.1	0.2	90.4	0.60	0.20	9.4	<0.001
Rukshata	1.0	0.2	80	0.44	0.14	5.29	<0.001
Daha	2.0	0	100	0.60	0.20	1.0	>0.10
Mandala	2.0	0.5	50	0.72	.024	2.29	<0.05
Bahalata	1.5	0.1	89.3	0.78	0.26	3.40	<0.01

TABLE NO. 3 : EFFECT OF GROUP-C ON CHIEF COMPLAINTS IN 7 PATIENTS OF EKAKUSHTHA (PSORIASIS) :

Chief complaint	B.T.	A.T.	Relief %	S.D. \pm	S.E. \pm	t	p
Aswedanam	1.3	1.0	42.3	0.37	0.14	1	<0.10
Mahavastum	0	0	0	0	0	0	<0.10
Matsyashakalopamam	2.1	0.7	66	0.78	0.29	4.8	<0.01
Krushna aruna varna	2.5	1.7	30	0.78	0.29	1.92	<0.10
Srava	1.0	1.0	0	0	0	0	<0.10
Kandu	2.0	1.0	50	0.48	0.18	3.87	>0.001
Rukshata	1.2	0.4	66	0.53	0.20	2.82	>0.05
Daha	0	0	0	0	0	0	<0.10
Mandala	3.0	1.6	46	0.97	0.36	1.54	<0.10
Bahalata	1.5	1.2	16.6	0.37	0.14	1.0	<0.10

OVERALL EFFECT OF THERAPY :

In group-A, highly significant results ($p < 0.001$) were obtained in 4 chief complaints. Matsyashaklopaman were relieved by 76.3%, Kandu was deprived by 86.3%, Rukshata was relieved by 78%, Bhalata was relieved by 89.3%. Significant results ($p < 0.05$) were obtained in two of the chief complaints. Aswedanam were relieved by 70% and krushna arunavarna was relieved by 69.2%. Non significant results ($p > 0.10$) and ($p > 0.005$) in Mahavastum, Daha and Mandala obtained in srava 100% relief was observed. (Table No. 1)

In group-B, highly significant results ($p < 0.001$) were obtained in 4 of the chief complaints. Matsyashaklopama and kandu were relieved by 100%, Rukshata was relieved by 80%, Bahalta was relieved by 89.3%. Significant result ($p < 0.05$) were obtained in 3 of the chief complaints. Aswedanam were relieved by 100%. Krushna aruna varna and Mandala were relieved by 50%. Non significant results ($p > 0.10$) were obtained in Mahavastum. Srava and Daha 100% relief were obtained in all symptoms. (Table No. 2)

In group-C, highly significant results ($p > 0.001$) were obtained in kandu and in matsyashakalopamam ($p < 0.01$). Improvement in Rukshata was found 66% however it was statistically in significant. Non-significant results ($p < 0.10$) were obtained in Aswedanam, Mahavastum, Krushna aruna varna, Srava, Daha, Mandala & Bahalata. (Table No. 3)

In group-A, 33% patients marked improvement and complete remission, 35% patients showed mild improvement, while 11% patient were moderately improved. In group B, 44% patients showed complete remission, 33% patients improved markedly and 22%

were moderately improved. In group C, 33% patients showed marked improvement and 22% patients were moderately improved and 22% unchanged.

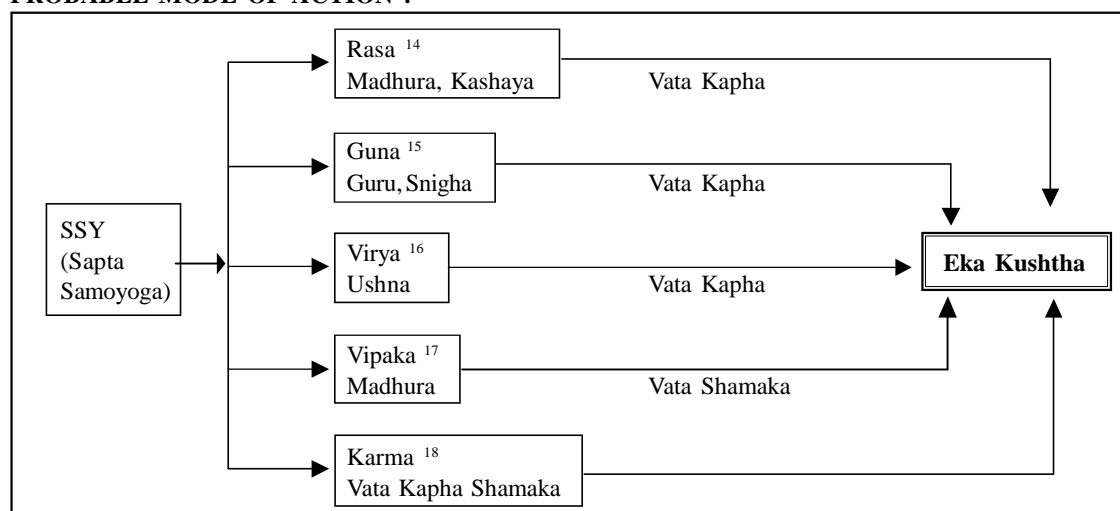
DISCUSSION

The Grup A medicine shows statistically highly significant effect on the symptoms Matsyashaklopamam, Kandu, Rukshta, and Bahalta while the effect was observed significant on the symptoms Aswedanam and Krushna aruna varna.

The treatment of Group B shows statistically highly significant effect on the symptoms Matsyashakalopamam, Kandu, Rukshata & Bahalata. Significant effect on the symptoms Aswedanam, Krushna aruna varna & Mandala. The effect on Mandala is statistically significant it may be referred that only use of external application was insignificant. One may think about this improvement effect as a clear indication of the efficacy of internal medicine for the disease Ekakushtha. The dipan and pachan effect of Trikatu¹³ and Bhallataka corrects the vitiated Bhrajakka pitta of the skin, via correction of pachaka pitta. Sharkara & Goghrtia are having rasayana properties which improve immunity status of skin thus total health of the skin improve and as a result Mandala decreases significantly.

In present study, Darvyadi yamaka malahar was selected for local application. Darvyadi Yamak malahar is indicated in Vatakapha predominant skin disorders. While ingredients of DYM possesses Kusthaghna, Kandughna and Krimighna properties. Tuttha of DYM directly affect the skin, prevents infection and Hyperkeratinisation due to its Krimighna and Vishaghna properties. The Snigdha guna of its ingredients i.e. Siktha, Sarjarasa and ghrita, may cure

PROBABLE MODE OF ACTION :



the symptoms Rukshata. The abatement in scaling should be attributed to the anti-scaling property of Tuttha and Daruharidra. In most of the patients kandu was relieved. Highly significant result was due to Kandughna property of Kampillaka, Tuttha and Sarshap taila.

CONCLUSION

Ekakushtha is a type of Kshudra Kustha, which is Vatakapha dominant Tridoshaja Kustha described by all Acharyas of Ayurveda. In this particular study Ekakushtha is correlated with psoriasis on the basis of similarities of signs & symptoms. Aaharaja Nidana like Garistha Ahara and excessive intake of Katu and Madhura rasa are common causative factors for Ekakushtha. Viharaja Nidana like divasvap (day sleep) is common causative factor for Ekakushtha. Relapsing nature of Ekakushtha is most common which suggest that long term intensive therapy is necessary for eradication of the disease. It is interesting to note that "Disturbed sleep" was observed in the patients, which may be due to Vataprakopa, further it works as a causative factor for vataprakopa. Similarly, "Chinta" observed in remarkable number of patients. This observation is once again near to the psychosomatic nature of the disease.

Both groups show highly significant results on the symptoms Matsyashakalopamam, Kandu, Rukshata and Bahalata. Group-A showed significant results on the symptoms like Krushnarunavarna and Aswedanama, while group-B showed significant results on the symptoms Krushnaarunavarna, Aswedanama and Mandala. In nutshell it can be concluded that Group- B shows better results than Group - A.

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हिन्दी सारांश

एककुष्ठ (सोरीयासीस) पर सप्तसमोयोग और दार्व्यादी यमक मलहर का चिकित्सकीय अध्ययन

कल्पना गलाणी, एस. एन. व्यास एवं ए. आर. दवे

सोरीयासीस को कुलज और Autosomal रोग में मान्य किया जाता है, जो अनियमित क्रम से होता है। प्रस्तुत अध्ययन में सोरीयासीस को एककुष्ठ के रूप में लिया गया है क्योंकि सोरीयासीस के लक्षणों की साम्यता दूसरे कुष्ठ के प्रकारों से न मिलते हुए एककुष्ठ से ज्यादा मिलती है। आधुनिक चिकित्साशास्त्र सोरीयासीस को Puva और Steroid से चिकित्सा करता है। लेकिन यह रोग बारबार होता है और गंभीर उपद्रव को उत्पन्न करता है। इस चिकित्सकीय अध्ययन में सोरीयासीस की कारगर चिकित्सा के रूप में आयुर्वेद औषधि दी गई है। आयुर्वेद में शोधन, शमन और निदान परिवर्जन मुख्य चिकित्सा पद्धति है। इस अध्ययन में सप्तसमोयोग और दार्व्यादी यमक मलहर का शमन औषधि के रूप में चयन किया गया है। चिकित्सकीय अध्ययन के लिये कुल 25 रुग्णों को तीन समूह में विभक्त किया है। सभी रुग्णों को आयुर्वेदीय शास्त्र के लक्षण के आधार पर निदान और आधुनिक चिकित्सा शास्त्र में लिखे Auspitz Sign और Koebner Phenomenon से निश्चित किया गया। सब लक्षणों का मूल्यांकन उसकी मानांक की तीव्रता के आधार पर किया गया। उस मानांक का उल्लेख प्रस्तुत अनुसंधान लेख में किया गया है। दोनों समूह में समान लक्षणों पर हायलीसिग्रीफीकन्ट परिणाम प्राप्त हुआ लेकिन समूह- 'बी' का परिणाम समूह- 'ए' से ज्यादा अच्छा प्राप्त हुआ।

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