



COMPARATIVE CLINICAL EVALUATION OF VAMANA WITH MADANPHALA AND JEEMUTAKA PHALA IN EKAKUSHTA (PSORIASIS)

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ABSTRACT

Vamana Karma is prime modality of treatment for kaphaja disorders by which doshas are expelled out through urdhva bhaga¹. Generally Vamana karma is performed by using madhanphala. In this study, comparative effect of Madanaphala and Jeemutaka is evaluated. Jeemuthaka can be administered without Shodhana unlike Madanaphala. Hence there arises a need to make an in-depth trial of this yoga so that it can be brought into practice.

Eka Kushta (Psoriasis) is one of the common skin disease characterised by scaly papules and plaques. Prevalence of psoriasis in different parts of world varies from 0.1% to 3% . In present era there is significant rise in the incidence rate of Eka Kushta (Psoriasis) can be managed judiciously with Shodhana.

Hence, this study is planned to compare the effectiveness between Vamana Karma with Jeemutaka phala and Vamana karma with Madanaphala in Ekakusta (Psoriasis).

The study was Double arm open labelled prospective clinical study conducted on 40 patients of ekakushta. Vamana was conducted with madanphala choorna and saindhava lavana on 20 patients and with Jeemutaka choorna and saindhava lavana on 20 patients. Symptoms were assessed in these 40 patients before and after with the help of PASI scoring.

On comparing the both groups i.e vamana with madanphala and vamana with jeemutaka phala, it was observed that majority of the variables selected for treatment are statistically non- significant.

Keywords: *Ekakushtha; Jeemutaka; Madanaphala; Psoriasis; Vamana.*

INTRODUCTION

According to Ayurveda, *Kushta* is considered one among the Astamahagada. Kushta is classified into 18 types. Ekakusta is one among the Kshudrakusta which is Kaphapradhana, Tridoshaja. Clinical presentations of Ekakushta are Aswedana², Mahavastu³, Matsyashakalavat⁴. Ekakushta can be correlated to Psoriasis of modern science. Vamana is the first and foremost among panchakarma and panchasodhana. It is considered as the ideal sodhana treatment for the Kapha disorders⁵. Kushta as a chronic disease, dosha vitiation is severe & not self limiting. So, observing the rule “bahudoshe sodhanam”, vamana is most relevant here. For inducing vamana, jeemutaka⁶ is selected for one group (group B) which is mentioned in Charaka Samhita kalpasthana 2nd chapter jeemutaka kalpam. Though madanaphala is commonly used drug for the purpose of vamana, there is a need to explore the other emetic drugs⁷ mentioned in Charaka Kalpasthana which are specific to diseases. Jeemuthaka can be administered without Shodhana unlike Madhanaphala. Therefore it is felt that an investigation into the comparative study of jeemutaka over the commonly using drug madanaphala is of great contemporary relevance in the domain of research.

One of the most common skin diseases is Psoriasis. Psoriasis is a non- infectious, chronic inflammatory disease of the skin, characterised by well-defined erythematous plaques with silvery scale, with a predilection for the extensor surfaces and scalp, and a chronic fluctuating course.⁸ Psoriasis may start at any age but is unusual before 5 years. Disordered cell proliferation in psoriasis is reflected by the increase in number of mitosis visible in the psoriatic plaque. The transit time, i.e the time it takes for

keratinocytes in the basal layer to leave the epidermis is shortened in psoriasis from perhaps 28 to 5 days, so that cells that are not fully mature or functional reach the stratum corneum prematurely.⁹ Psoriasis does not kill the patient, but it is responsible for great deal of unhappiness, feeling of depression and social isolation. Although many treatment options are available, because of its chronic recurrent nature psoriasis is still a challenge. In the treatment of psoriasis there is substantial variation between individuals in the response. Because of this, dermatologists often apply a trial and error approach to find the most appropriate treatment for each patient. Controlling the signs and symptoms typically requires lifelong therapy. Prolonged use of effective agents in psoriasis carry an increased risk of significant morbidity including skin cancers, lymphoma and liver disease. Hence, there is a scope for enquiring safe and effective treatment by Ayurveda.

OBJECTIVE

1. To evaluate the efficacy of *Vamana Karma* with *Jeemutaka* in *EkaKushta*.
2. To evaluate the efficacy of *Vamana Karma* with *MadanaPhala* in *EkaKushta*¹⁰
3. To compare and to assess the efficacy of *Vamana Karma* with *Jeemuthaka* and *MadanaPhala* in *EkaKushta*.

MATERIALS AND METHODS

SOURCE OF DATA

A minimum of 40 Subjects of Eka kushta (Psoriasis) sample from patients fulfilling diagnostic and inclusion criteria is included for study from OPD and IPD of Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan. Other referrals and special camps.

METHODS OF COLLECTION OF DATA

- Drugs were taken from market of Amritsar , Punjab
- Drugs were authenticated by department of dravya guna, SDMCAH Hassan

DIAGNOSTIC CRITERIA:

Subjects with classical signs and symptoms of Ekakushta supplemented with signs and symptoms of Psoriasis.

- Aswedana.
- Mahavastu.
- Matyashakalavat
- Itching
- Scaling
- Positive Candle Greese Test.
- Positive Auspitz Sign

RESEARCH DESIGN

Double arm open labelled prospective clinical study

PLAN FOR TREATMENT

All subjects underwent vamana under following schedule

POORVA KARMA

1.Deepana,Pachana -Panchakola Phanta 50 ml two times in a day before food till the attainment of nirama lakshanas.

2.Snehapana - Arohana krama Shodhananga snehapana was administered with Moorchita Ghrita till the Samyak Snigdha Lakshana or 7 days whichever is earlier.

3. Vishramakala -Abhyanga swedana with Moorchita Tila Taila followed by Ushna jala snana was done.It was done for 1 day and Kapha Utkleshana Ahara is given during this day.

PRADHANA KARMA

Vamana Karma will be performed as per the classics. Trial group – 20 subjects- by using jeemutaka phala churna (10 grams) + saindhava (6

gms) + Honey and milk as required. Standard group – 20 subjects- by using Madanphala churna (10 gms) + saindhavalavana (6 gms) + honey and milk as required. Procedure is performed till samyaka vamana lakshanas appears.

PASCHAT KARMA

1.Dhoompana –

Dhoompana with haridra DhoomaVarti was done.

2. Hastha-Pada-Mukha Prakshalana –

It was done with Ushna Jala and Kavala with Ushnajala was done.

3. Samsarjana Krama -

After Procedure, Samsarjana Krama should be followed (Peyadi Samsarjana Krama).

ASSESSMENT CRITERIA

Improvement in signs and symptoms of patient with due importance to following points.

A. ASSESMENT OF VAMANA PARAMETERS

1. Number of Vamana Vega
2. Time taken to start Vamana
3. Duration of Vamana
4. Automatic commencement and stopping of vomiting
- 5.Vitals of patient during Vega
6. Discomfort to the patient
7. Achievement of Pittantaka shuddhi
8. Laingiki shuddhi
9. Maniki shuddhi
10. Type of shuddhi
11. Drug palatability
12. Any side effect\Vyapat

Assessment parameters of Psoriasis:

- a. Auspitz sign
- b. Candle Grease test
- c. PASI (Psoriasis area and severity index)

OBSERVATION AND RESULT**TIME OF COMMENCEMENT OF VAMANA VEGA****MADANAPHALA****JEEMUTAKA**

Time of commencement of <i>Vamana Vega</i>	No of subjects	Percent
10-15 mins	6	30.0
15-20 mins	5	25.0
20-25 mins	6	30.0
25-30 mins	2	10.0
30-35 mins	1	5.0
Total	20	100.0

Time of commencement of <i>Vamana</i>	No of subjects	Percent
10-15 mins	5	25.0
15-20 mins	13	65.0
20-25 mins	1	5.0
25-30 mins	1	5.0
Total	20	100.0

NO OF VEGAS

MADANAPHALA

No of Vega	No of subjects	Percent
6	10	50.0
7	2	10.0
8	7	35.0
9	1	5.0
Total	20	100.0

JEEMUTAKA

No of Vega	No of subjects	Percent
4	1	5.0
6	8	40.0
7	4	20.0
8	3	15.0
9	3	15.0
10	1	5.0
Total	20	100.0

DURATION OF VAMANA KARMA

MADANAPHALA

	No of subjects	Percent
25-30 mins	4	20.0
30-35 mins	2	10.0
35-40 mins	1	5.0
40-45 mins	8	40.0
45-50 mins	3	15.0
55-60 mins	2	10.0
Total	20	100.0

JEEMUTAKA

	No of subjects	Percent
25-30 mins	1	5.0
30-35 mins	2	10.0
35-40 mins	4	20.0
40-45 mins	6	30.0
45-50 mins	3	15.0
50-55 mins	3	15.0
Total	20	100.0

ANTAKI SHUDHI

MADANAPHALA

	No of subjects	Percent
Pittanta	3	15.0
Kaphanta	17	85.0
Total	20	100.0

JEEMUTAKA

	No of subjects	Percent
Pittanta	3	15.0
Kaphanta	17	85.0
Total	20	100.0



SHOWING EFFECT OF VAMANA ON PASI SCORE

P value was 253 which is insignificant. The obtained p value shows no marked changes in difference between two drugs used for process of vamaana carried out for the subjects having ekakushta.

	Levene's Test for Equality of Variances	t-test for Equality of Means							
PASI difference	F	Sig	T	df	Sig(2- tailed)	Mean Difference	Std. Error Difference	95% confidence Interval of the Difference	
								Lower	Upper
Equal variances assumed	1.345	253	-1.461	38	.152	-36500	.24982	-87073	.14073
Equal variances not assumed			-1.461	36.529	.153	-36500	.24982	-87140	.14140

DISCUSSION

As Madanaphala is available once in a year and shodhana of madanaphala is needed. On the other side Jeemutaka shodhana is not needed. So it is more time saving and cost effective option to use Jeemutaka as vamaana dravya. 10 gm dose is selected because it is approximate dose which can be given to almost all the patients. Saindhava is vamaana upaga dravya taken.¹¹

For madanaphala time taken for start of the vamaana is from 15-25 mins and In Jeemutaka time taken is from 15-20 mins, so it takes less time for commencement of vamaana in case of Jeemutaka phala. So Jeemutaka is better drug for commencement of vamaana.

For madanaphala maximum 10 subjects get 6 vegas and for Jeemutaka 8 subjects get maximum 6 vegas. In comparing number of vegas Madanaphala is more better than Jeemutaka as number of vegas is more in Madanaphala

In this maximum number of patients 8 takes 40-45 mins to complete the procedure and In Jeemutaka maximum 6 subjects takes 40-45 mins for completion.

In Madanaphala 3 patients having pittanta and 17 patients having kaphanta and In case of Jeemutaka 3 patients having pittanta and 17 patients having kaphanta. So Antaki is same in both the groups.

In madanaphala maximum 14 patients having madhyama shuddhi and In case of Jeemutaka maximum 13 patients having madhyama shuddhi. So Effect on shuddhi is almost same.

Madanaphala and Jeemutaka both having 3 subjects pittanta and 17 subjects having kaphanta. So Antaki shuddhi is same in both the groups.

No complication in case of Madanaphala and in case of Jeemutaka 4 cases out of 20 got complication. Raktha vama was observed in 3 cases and virechana started in 1 case. Due to Teekshana nature of Jeemutaka and moreover it is used without shodhana, so complication happens in case of Jeemutaka.

EFFECT ON PASI SCORING

PASI score in 20 subjects of Ekakushta in group A, PASI mean value was -10.3750 and standard deviation was .86585 and PASI score in 20 subjects of Ekakushta in group B was - 10.0100 and standard deviation was .70629. P value was 253 which is insignificant. The obtained p value shows no marked changes in difference between the two drugs used for the process of vama carried out for subjects having ekakushta.

CONCLUSION

Vamana, the first and foremost sodhana chikitsa has been dealt in detail as an important Panchakarma therapy. Though Madanaphala is commonly used drug for the purpose of vama, there is a need to explore the other emetic drugs mentioned in Charaka Samhita Kalpasthana. In Charaka Kalpa it is also mentioned that Jeemutaka is the best emetic drug for kushta. Hence, jeemutaka is selected to perform vama karma in psoriasis cases. For assessing any special effect of Jeemutaka than Madanaphala in psoriasis, this study was conducted in two groups of 20 patients each. In group A, vama performed with madanaphala yoga and in group B, vama performed with jeemutaka yoga. Jeemutaka was bitter in taste and so its administration was more difficult when compared to madanaphala. Complications were more in case of Jeemutaka as shodhana was not done. But from the present study, it can be concluded that both the yoga's showed same efficacy. In relieving the signs and symptoms of the disease, no statistically significant difference was found between both the groups. But the disease was significantly reduced within each group.

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