

Original Research

Efficacy of Gandhakadi Vati and Nimba-Karanja Malahara administered after Vamana and Virechana Karma on the Patients of Psoriasis (Ekakushtha)

*Kalpana Dhuri Shah, **Gurdipsingh and ***Girish KJ

*Chief Consultant, Ayurveda Clinic, Wile Parle Bombay

**Director PG Studies SDM College of Ayurveda Hassan

*** Professor, Kayachikitsa, SDM College of Ayurveda Hassan

Corresponding Author: Dr. Kalpana D. Dhuri Shah, Mobile-+919892349228

Access this article on online: www.japs.co.in

Published by International Academy of Ayurveda-Physicians (IAAP), 7HB, Gandhinagar, Jamangar-361 002

Date of submission: 15-02-2019; Date of Revision: 21-03-2019; Date of Acceptance: 28-03-2019

Abstract:

Kalpana et al (2019) treated the patients of psoriasis (Ekakushtha) with Gandhakadi Vati given orally and Nimba-Karanja Malahara applied externally for one month and reported that it provided complete remission to 12.5% patients, marked relief to 62.5% patients and moderate relief to 25.0% patients. The present study was planned further to evaluate that if this therapy is administered after Shodhana (Vamana and Virechana) whether the cure rate of the diseases is augmented.

In this study 14 patients of psoriasis were first subjected to Vamana Karma followed by Virechana Karma and after the Sansarjana Karma, the patients were treated by Gandhakadi Vati administered internally and Nimba-Karanja Malahara applied externally for one month. The results of this study showed that the therapy provided complete remission to 35.7% patients, marked relief to 50.0% patients and moderate relief to 14.3% patients. Comparison of the results of this study and earlier study showed that when Gandhakadi Vati (orally) and Nimba-Karanja Malahara (externally) administered after Shodhana provided far better relief to the patients of psoriasis than the administration of the same drug directly i.e. without Shodhana.

Key Words: Psoriasis, Ekakushtha, Gandhakadi Vati, Nimba-Karanja Malahara, shodhana, Vamana, Virechana

Introduction:

Kalpana et al (2019) treated a group of the patients of psoriasis with Gandhakadi Vati administered internally and Nimba-Karanja Malahara applied externally for one month and reported that it provided complete remission to 12.5% patients, marked relief to 62.5% patients and moderate relief to 25.0% patients.

The role of Shodhana in skin disease is very much praised. Generally considering the importance of Rakta in skin diseases Virechana is preferred in its treatment. The present study was planned to evaluate that if this therapy is carried out after performing both Vamana and Virechana Karma whether then quantum of cure can be enhanced.

Aims and Objects:

To evaluate whether the efficacy of Gandhakadi Vati and Nimba-Karanja Malahara in the management of psoriasis (Ekakushtha) is augmented if administered after performing both Vamana and Virechana karma.

Materials and Methods

Fourteen patients showing signs and symptoms of psoriasis were registered from OPD and IPD of IPGT&RA hospital Jamnagar and were diagnosed according to the following criterion.

Criteria of Diagnosis:

Characteristic signs and symptoms of psoriasis and Ekakushtha along with positive Candle grease sign, Auspitz sign and Kobner phenomenon

Vamana Karma: All the patients were first prepared by the administration of ghee in increment doses till the Samyak Snehana symptoms are obtained (3 to 7 days). Thereafter on the one gap day the patients were subjected to

Abhyanga and Svedana and in the evening Kapha increasing diet was prescribed. On the next day morning Vamana was performed by administration of Madanaphaladi Yoga and following all other measures as done in classical method and Samsarjana Karma.

Virechana Karma: From the ninth day onward from the day of performing Vamana, the patients were again prepared by Snehana and Svedana and Virechana Karma was performed as per classical method.

Drugs and Doses:

On completion of Samsarjana Karma after Virechana, Gandhakadi Vati was given in dose of one gram three times a day with milk and ghee and Nimba-Karanja Malahara was applied locally on the lesions once at bed time. Both of these drugs were administered simultaneously for two months.

Assessment Criteria:

The improvement in signs and symptoms was assessed by way of assigning definite scores and accordingly noting the changes before and after the treatment. Overall effect of the therapy was assessed as follow:

Complete Remission: 100% relief in signs and symptoms with no recurrence up to 6 months of the study

Marked improvement: Improvement in signs and symptoms between 50 and 100%

Improvement: Improvement in signs and symptoms 25 to 50%.

Unchanged: Improvement in signs and symptoms less than 25%

Deteriorated: increase in signs and symptoms or appearance of new lesions.

Results

The effect of the therapy on chief complaints of the patients of psoriasis is shown in Table-1 and on clinical tests in

Table-2. The overall effect of the therapy on the patients is depicted in Table-3.

Table-1
Effect of Gandhakadi Vati and Nimba-Karnja Malahara administered after Shodhana on Chief Complaints of Patients of Ekakushtha (Psoriasis)

Signs & Symptoms	Mean Score		% of change	SD (±)	SE (±)	t	P
	BT	AT					
Size of erythematic lesions (Mandala)	51.07	24.36	52.3	11.07	02.96	9.03	<0.001
Scaling	20.63	00.21	92.3	01.16	00.31	7.85	<0.001
Dryness (Rukshta)	2.28	0.21	90.8	0.73	0.19	10.60	<0.001
Itching (Kandu)	1.35	0.28	79.3	00.92	0.25	04.37	<0.01
Burning sensation (Daha)	0.21	0.0	100.0	0.43	0.11	1.88	>0.05
Extensive lesions (Bahalata)	2.07	0.36	82.6	0.73	0.19	8.83	<0.001
Anhidrosis (Asvedanam)	2.0	0.21	89.5	0.43	0.11	15.69	<0.001
Pain in joints	0.86	0.72	16.2	0.36	0.09	1.47	>0.05
Discoloration (Vaivarnaya)	3.0	1.21	59.6	0.80	0.21	8.34	<0.001

Table-2
Effect of Gandhakadi Vati and Nimba-Karnja Malahara administered after Shodhana on Clinical Tests Ekakushtha (Psoriasis) Patients

Clinical test	Mean Score		% of change	SD (±)	SE (±)	t	P
	BT	AT					
Auspitz sign	1.43	0.00	100.0	1.03	0.275	4.164	<0.01
Candle grease sign	1.71	0.00	100.0	0.726	0.194	8.83	<0.001

Table-3
Overall Effect of Gandhakadi Vati and Nimba-Karnja Malahara administered after Shodhana on 10 Patients of Ekakushtha (Psoriasis)

Total Effect	No. of Patients	Percentage
Complete remission	5	35.7
Marked improvement	7	50.0
Moderate improvement	2	14.3
Minor improvement	0	00.0
Unchanged	0	00.0

Discussion

Fourteen patients of psoriasis (Ekakushtha) were first subjected to Vamana kama followed by Virechana karma and after Samsarjana Karma they were given Gandhakadi Vati administered internally and simultaneously Nimba-Karanja Malahara applied externally for one month.

The therapy significantly reduced the scaling by 92.3%, dryness in the lesions by 90.8, non-sweating in the lesions by 89.5%, itching by 79.3% and discoloration of the lesions by 59.6%. The therapy also significantly reduced the body area involve by the disease by 82.6% and size of erythematic lesions by 52.3% (Table-1).

Important clinical tests pertaining to psoriasis viz Auspitz sign and Candle grease sign were present before the treatment in all the patients but after the treatment they were absent in all the patients (Table-2). Thus the therapy provided significant relief of 100% to all the patients in both the tests (Table-3).

Consideration of overall effect showed that the therapy provided complete remission to 35.7% patients, marked

relief to 50.0% patients and moderate relief to 14.3% patients (Table-4).

Comparison of the results of earlier study where Gandhakadi Vati was administered internally and simultaneously Nimba-Karanja Malahara applied externally for one month without Shodhana and in that case complete remission was found in 12.5% patients, marked relief in 62.5% patients and moderate relief in 25.0% patients. While in the present study where the same drugs were given after Shodhana complete remission was in 35.7% patients, marked relief in 50.0% patients and moderate relief in 14.3% patients.

Thus it is evident from the above comparison that administration of Gandhakadi Vati (orally) and Nimba-Karanja Malahara (externally) after Shodhana provided far better relief to the patients of psoriasis than administration of the same drug directly i.e. without Shodhana.

Conclusions

Gandhakadi Vati administered internally and simultaneously Nimba-Karanja Malahara applied externally for two months on the patients of psoriasis (Ekakushtha) provided

significant relief in the symptoms of scaling, dryness in the lesions, anhidrosis in the lesions, itching and discoloration of the lesions

The therapy also significantly reduced the body area involved by the disease and size of erythematic lesions.

The therapy provided complete remission in clinical tests viz. Auspitz sign and Candle grease sign.

The therapy provided complete remission to 35.7% patients, marked relief to 50.0% patients and moderate relief to 14.3% patients.

Comparison of the results of this study and earlier study showed that when Gandhakadi Vati (orally) and Nimba-Karanja Malahara (externally) administered after Shodhana provided far better relief to the patients of psoriasis than the administration of the same drug directly i.e. without Shodhana.

Bibliography

Anthony. S, Fauci M.D), E ugene Braunwald, Kurt J. Jean D, Joseph B, Martin, Dennis Kasper, Stephen L (1980: Harrison's Principle of Internal medicine 14th edition, McGraw-Hil.

Ashtanga Hrdaya (antique): Vagbhata with Ayurveda Rasayana and Sarvanga Sundara. Comm. Chaukhambha Surabharati Prakashan, Varanasi

Ashtanga Samgraha (antique): Vagbhata with Indu Comm. Published by Athavale M, Pune.

Bhaisajya Ratnavali (antique): Ambikadutta Shastri, Chaukhambha, Varanasi.

Bhava Prakasa (antique): Vidyottini Hindi Tika by Shri Brahma Shankar Mishra, Chaukhambha, Varanasi.

Bhava Prakasa Nighantu (antique): With Hindi translation by K.C.Chunekar, Chaukhambha, Varanasi.

Chakradatta (antique): With commentary by Shivadasa Sen, Published by Vaidya Bhusan, Calcutta.

Charaka Samhita (antique): With Ayurveda Dipika by Cakrapani, Edited by Yadavji Trikamji Acharya, Nirnaya sagar Press, Bombay.

Dhuri Kalpana D and Gurdipsingh (1995): Management of Kshudrakushtha with special reference to psoriasis (Ekakushtha). MD (Ayu) thesis, IPGT&RA, Gujarat Ayurveda University, Jamnagar

Dhuri Kalpana, Gurdipsingh and Behera BS (2019): Efficacy of Gandhakadi Vati (Orally) and Nimba-Karanja Malahara on the Patients of Psoriasis (Ekakushtha). JAPS, volume 6(1)

Domonkos, Arnoid, Odom (1968): Andrew's diseases of the skin, clinical dermatology

Edwards C and Boucher IAD (1991): Davidson's Principles and Practice of Medicine. ELBS.

Herbert Makey (1968): Hand Book of skin diseases.

Kalpana Dhuri and Gurdipsingh (1995): Management of Kshudra Kushtha with special reference to psoriasis (Ekakushtha). MD (Ayu) thesis, IPGT& RA, Jamnagar

Kalpana Dhuri, Gurdipsingh and Behera BS (2019): Efficacy of Gandhakadi Vati (Orally) and Nimba-Karanja Malahara (externally) on the Patients of Psoriasis (Ekakushtha)

Kanani Vipul and Gurdipsingh (2002): Clinical Study on the role of Manasa Bhava and management of Ekakushtha (psoriasis); MD (Ayu) thesis; IPGT& RA, Gujarat Ayurveda University, Jamnagar

Kanani Vipul, Gurdipsingh and Priyanka B V (2018): clinical study on efficacy of panchatikta ghrita and Virechana on patients of psoriasis (Eka kushtha). Journal of Ayurveda Physicians and Surgeons, Vol. 5(3), page-84

Kasture, H.S. (1978): Ayurvediya Panchakarma Vigyana, Baidyanath, Calcutta

Kirby JD (1986): Roxburgh's common skin diseases.HK Lewis and Co.London

Madhava Nidana (antique): Madhukosa Vyakhya and Hindi Commentary by Sudarshana Shastry Edited by Yadunandana Upadhyaya, Chaukhambha, Varanasi.

Mahajan BK (1981): Methods in biostatistics, Sixth Edition, Jaypee Brothers Medical publishers New Delhi.

Meir P and Peter CM (1986): Text book of psoriasis. Churchill Livingstone, London

MierVan de Kerkhof (1986): Text Book of psoriasis.

Sharma P. V. (1988): Dravya Guna Vijnana, Chaukhambha, Varanasi.

Sodhala (antique): Gada Nigraha, Chaukhambha Sanskrit series, Varanasi (1964).

Sushruta Samhita (antique): With Nibandha Sangraha by Dalhana, Edited by Yadavji Trikamji Acharya, Nirnaya sagar Press, Bombay.

Sweety Ruparel and Gurdip sing (1999): Role of Virechana with and without Shamana in the management of psoriasis. MD (Ayu) thesis, IPGT& RA, Jamnagar.

Warner EC (1964): Savil's System of Clinical Medicine, 14th ED. CBS Publication Delhi

Yoga Ratnakara (antique): Hindi Commentary by Laxmipathi Shastry, Edited by Brahma Shankar Shastri, Chaukhambha Sanskrit Sansthan, Varanasi.

Cite this article as: Dhuri Kalpana, Gurdipsingh and Behera BS (2019): Efficacy of Gandhakadi Vati and Nimba-Karanja Malahara administered after Vamana and Virechana Karma on the Patients of Psoriasis (Ekakushtha). Journal of Ayurveda Physicians and Surgeons April, 2019 Volume 6

(2):31-33.

Financial Assistance: IPGT&RA, Gujarat Ayurveda University Jamnagar; Interest of conflict: not declared