

**A comparative Clinical study of Cap. Skiwa & Rasamanikya yoga along with topical use of Mahamarichyadi taila in the management of Ekakustha (Psoriasis).**

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## **ABSTRACT**

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The objective of the study was to assess the role of each Capsule Skiwa and Mahamarichyadi Taila along with Rasamanikya Yoga in order to ascertain effectiveness of each measure. The drugs selected for the study are Capsule Skiwa in Group A and Mahamarichyadi Taila along with Rasamanikya Yoga in Group B.

The pilot study was conducted at Dr.D.Y.Patil College of Ayurved & Hospital & Research Institute, Nerul , Navi-Mumbai. 30 patients were studied in this series under group A and B, each group containing 15 patients. The effect of therapy was assessed based on improvement obtained in terms of scores given to signs and symptoms. The Subjective Parameters like Size of patches , Rukshata, Arunatva, Kandu & PASI score were used to score clinical outcome. The average clinical improvement was calculated by proper statistical treatment. Our experience with this modality has been encouraging as the response pattern is good in considerably short duration of treatment. The patient improves gradually after 8 weeks of treatment. The relief in symptoms of Psoriasis provided by Rasmanikya Yoga along with Topical application of Mahamarichyadi Taila presents a window of opportunity in the clinical management of Psoriasis.

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### **Key Words:**

Psoriasis, Cap.Skiwa , Rasamanikya Yoga , Mahamarichyadi Taila , PASI

**Abbreviation** :- Cap- Capsules, P.A.S.I – Parameters of assessment of scoring Index, L.F.T – liver function test, R.F.T – renal function test, C.B.C- complete blood count, RBS- random blood sugar

### **Introduction**

Psoriasis is among the widest spread chronic, frequently recurring disease of the skin. According to different authors it accounts for 3-5 to 7-10 percent of total number of skin diseases. About 3 percent of the world population suffers from psoriasis. The people affected from such diseases experience low self-esteem and are often misunderstood by others which make their social interaction difficult. In spite of advancement in all branches of modern medicine, its etiology is still a dermatological “Mystery.”

### **Materials and methods**

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## **Source of Materials:**

Raw materials collected from the department of Rasashastra and Bhaishajya Kalpana, Dr.D.Y.Patil college of Ayurved & Hospital & Research Institute, Nerul, Navi-Mumbai, was prepared classically in the Pharmacy of Rasashastra and Bhaishajya Kalpana. The drugs selected for clinical study were –

## **Materials:**

### **A) Group A - Cap .Skiwa ( Rasayana Lab.)**

- i) Gandhak Rasayan – 130 mg
- ii) Arogyavardhini – 70 mg
- iii) Aspaltum ( Shilajit ) – 20 mg

Prepared in Mahamanjishtadi decoction. All ingredients as per AFI, Bhavprakash.

Dose: - 1 capsule TDS for 8 weeks.

### **B) Group – B - Mahamarichyadi Taila with Rasamanikya Yoga**

**i) Rasamanikya Yoga** (Rasamanikya 30 mg + Khadir Churna 2gms + Sariva 2 gms ) with Ghee & Local Application of Mahamarichyadi Taila

## **METHODS**

### **Place of Research**

- a. A clinical survey of subjects attending OPD and IPD of Department of Kaya chikitsa, Dr.D.Y.Patil College of Ayurveda & Research Institute, Nerul , Navi-Mumbai Mahavidyalaya Hospital, were included and subjects fulfilling the criteria of diagnosis as per the Performa have been selected for the study.
- b. A clinical evaluation of subjects was done by collection of data through information obtained by CRF.
- c. Informed consent of all the subjects registered was duly taken before starting the interventions in each group. Ethical clearance was taken from IEC for this study.

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d. The data, which was obtained by the clinical trial was statistically analyzed by applying Students' t' test.

**Inclusion Criteria:**

Subjects fulfilling the following conditions were included:

1. Subjects with classical Lakshana of Ekakushtha (Psoriasis) and clinical features of Psoriasis.
2. Subjects of either sex between the age group of 20 and 60 years.
3. Subjects with chronicity up to 5 years will be selected.

**Exclusion Criteria:**

The following Subjects will be excluded from the study:

1. Subjects with uncontrolled metabolic disorders.
2. Ekakushtha (Psoriasis) with extracutaneous manifestation.

**Investigations**

1. Blood: CBC ESR ,RBS ,LFT ,RFT
2. Urine: - Sugar , Albumin, Microscopic

**Parameters of Study:**

Parameters of assessment was totally based on the changes in the clinical features of Ekakushtha (Psoriasis) and improvement in Scoring Index of the following Subjective Parameters.

**Subjective parameters:**

<b><u>Size of Matsyashakalopama (Psoriatic patches)</u></b>	<b><u>GRADE</u></b>
Absent ---	0
0 - 5 cms ---	1
6 - 10 cms ---	2
More than 10 cms ---	3

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**Rukshata (dryness):-**

No line on scrubbing with nail----	0
Faint line on scurbing by nail----	1
Linings and even words can be written on scrubbing by nail -	2
Excessive dryness leading to itching----	3
Excessive dryness leading to crack formulation and bleeding-	4

**Arunatwa (discolouration):-**

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

**Kandu (itching ):-**

No itching ---	0
itching present but not disturbing routine work ---	1
itching distracting subjects attention ---	2
Intolerable itching distracting subjects sleep ---	3

**Objective Parameters** : Objective parameters were based on the changes in

**Auspitz sign** - The successive removal of psoriatic scales gives rise of small bleeding points where the thin suprapapillary epithelium is torn off.

- 0- No bleeding
- 1- Mild bleeding
- 2- Moderate bleeding
- 3- Severe bleeding

**Candle Grease sign** - When a Psoriatic lesion is scratched with the point of a dissecting forceps, candle grease like scale can be repeatedly produced even from the non scaling lesions. This is

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called the candle grease sign

- 0- No scales
- 1- Mild scales
- 2- Moderate scales
- 3- Severe scales

### P.A.S.I. SCORING

#### TOTAL BODY

SEVERITY	SCORE
NONE	0
SOME	1
MODERATE	2
SEVERE	3
MAXIMUM	4

COVERAGE	SCORE
0%	0
>10%	1
10- 29%	2
30- 49%	3
50- 69%	4
70- 89%	5
90 -100%	6

#### TOTAL BODY

SKIN SECTION	PERCENTAGE
HEAD	10%
ARMS	20%
BODY	30%
LEGS	40%

HEAD (IHEAD +EHEAD+ SHEAD+THEAD) X AHEAD X 0.1= TOTALHEAD

ARMS (I ARMS +E ARMS + S ARMS +T ARMS) X AARMS X 0.2=TOTAL ARMS

BODY (IBODY+EBODY+ SBODY+TBODY) X ABODY X 0.3= TOTALBODY

LEGS ((ILEGS +ELEGS+ SLEGS+ TLEGS) X ALEGS X 0.4 = TOTAL LEGS

**Study Design** :- A Comparative Clinical study.

**Sample size** :- A Minimum of 30 Subjects diagnosed as Ekakushtha (Psoriasis) were selected incidentally and randomly categorized into two groups consisting 15 subjects in each groups.

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## Group – A:

### Internally:

Cap. Skiwa - Dose: 1TDS Anupana- Ushna jala

**Duration:** -45 days **Follow Up:-** 3 months

## Group – B

**Internally :** Rasamanikya Yoga Dose: 3gms, Anupana : - Ghee **Externally :** Mahamarichyadi Taila for Topical application.

**Duration :** 45 days

**Follow Up :** 3 months

### Assessment criteria

After assessing clinical parameters before and after treatment, the overall effect of the therapy was assessed as under-

- Markedly improved: Above 75 percent improvements.
- Moderately improved: 51 to 75 percent improvements
- Mildly improved: 26 to 50 percent improvements.
- Unchanged: Less than 25 percent improvements.

## Observations & results

### Group A

Sr.no	Cardinal symptoms	Mean score		't'	p	%
		B.T	A.T			
1	Size of patches	1.86	1.067	7.483	< 0.0001	42.63
2	Rukshata (dryness)	1.86	1.067	7.483	<0.0001	42.63
3	Arunatva (discolouration)	1.86	1.33	4.00	0.0007	28.49
4	Kandu (itching )	1.86	0.80	9.025	<0.0001	56.98

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5	Auspitz sign	1.26	0.26	7.246	<0.0001	79.36
6	Candle grease sign	1.26	0.26	7.246	<0.0001	79.36

### Group B

Sr.no	Cardinal symptoms	Mean score		't'	P	%
		B.T	A.T			
1	Size of patches	1.86	0.20	13.22	<0.0001	89.24
2	Rukshata (dryness)	1.86	0.20	13.22	<0.0001	89.2
3	Arunatva (discolouration)	1.86	0.46	8.57	<0.0001	75.26
4	Kandu (itching )	1.86	0.13	11.39	<0.0001	93.01
5	Auspitz sign	1.6	0.40	11.25	<0.0001	75
6	Candle grease sign	1.4	0.13	10.71	<0.0001	90.7

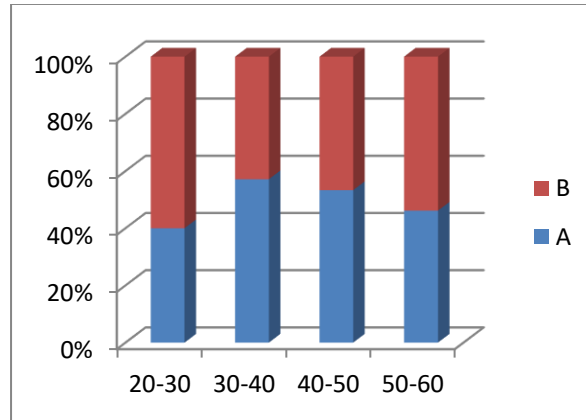
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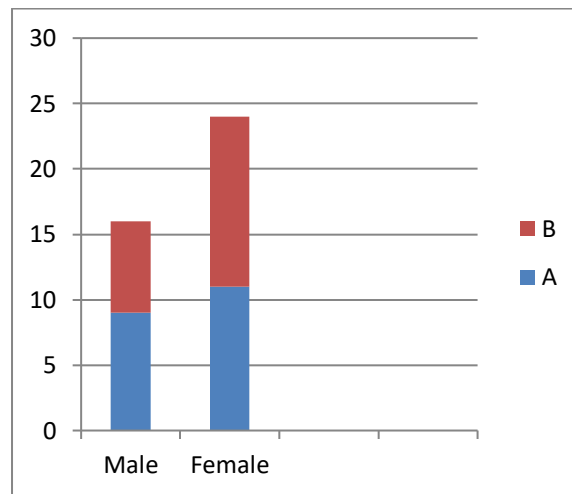


## GRAPHS

### Age-wise distribution



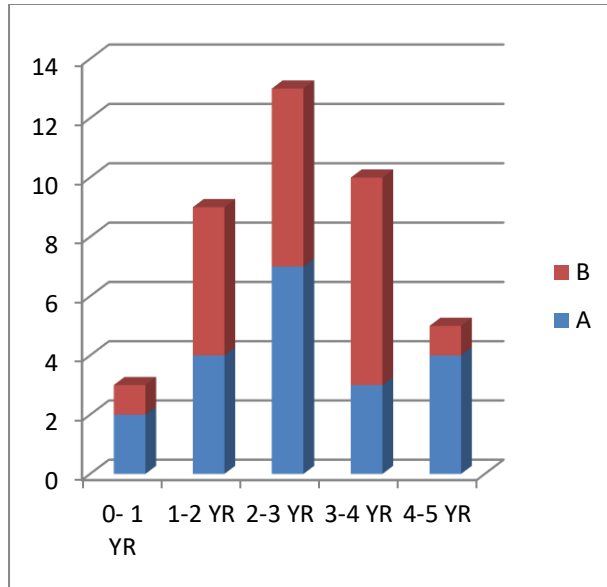
### Sex-wise distribution



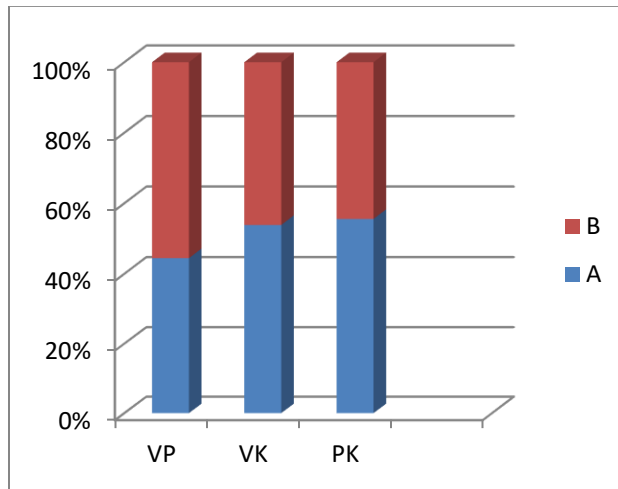
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### Chronicity wise distribution



### Prakruti wise distribution

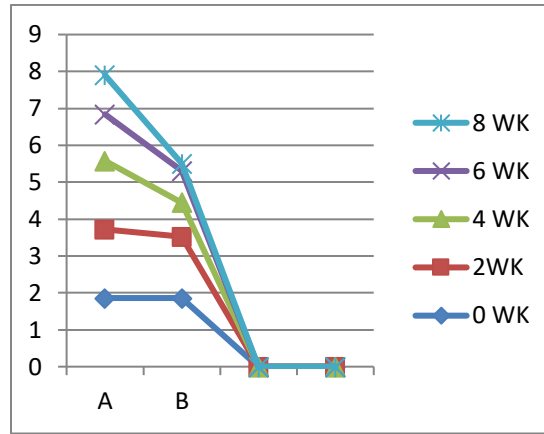


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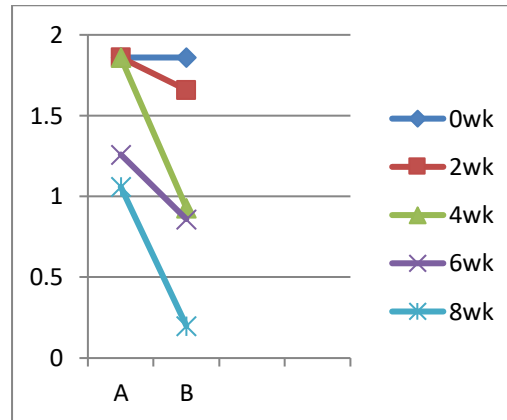
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## Lakshana wise distribution

### 1) Size of Patches



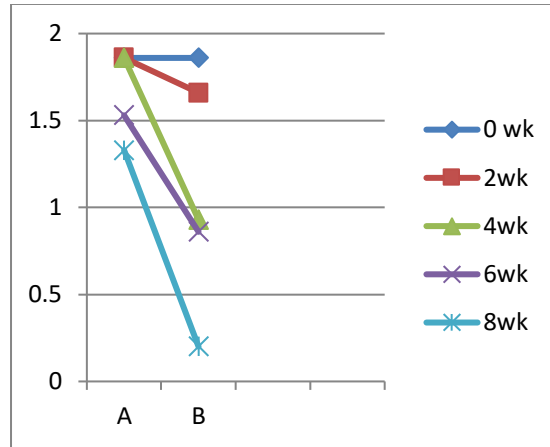
### 2) Rukshata (dryness)



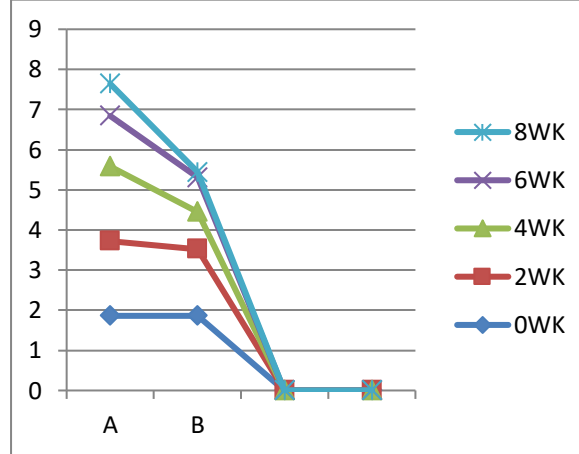
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### 3) Arunatva (discoloration)



### 4) Kandu (itching)



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**Effect of therapy on PASI Scoring of 15 patients of Ekakushtha(Psoriasis) under group A**

SL NO OF PTS	PASI SCORE		% OF IMPROVEMENT
	B.T.	A.T.	
01	14.0	0.4	97.14%
02	33.3	13.5	59.7%
03	51.4	7.9	85.6%
04	25.9	3.3	85.3%
05	11.2	1.8	83.9%
06	17.6	11.6	34.0%
07	32.7	1.8	94.4%
08	19.8	3.6	81.8%
09	17.4	3.9	77.5%
10	26.3	9.5	63.8%
11	10.7	1.2	88.4%
12	23.7	4.0	77.4%
13	18.0	7.4	68.7%
14	26.0	7.1	72.6%
15	17.6	3.0	82.9%
<b>TOTAL</b>	345.6	80	76.85%

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**Significant Effect of therapy on PASI Scoring of 15 patients Of Ekakushtha(Psoriasis) under group A :**

MEAN P.A.S.I.		% OF IMPROVEMENT	SD+	SE+	“t”	P
B.T.	A.T.					
345.6	80	76.85%	9.42	2.43	7.27	<0.001

Effect of therapy on P.A.S.I. Scoring was statistically highly significant with (P<0.001) with “t”value 7.27 in all the subjects. The therapy provided minimum 34.0% improvement to maximum extent of 97.14% with an average of 76.85% improvement in this group

**Effect of therapy on PASI Scoring of 15 patients of Ekakushtha(Psoriasis) under group B :**

SL NO OF PTS	PASI SCORE		% OF IMPROVEMENT
	B.T.	A.T.	
01	21.8	3.9	82.1%
02	17.7	1.5	91.5%
03	16.8	6.3	62.5%
04	9.0	3.0	66.6%
05	9.6	1.4	85.4%
06	20.0	1.6	94%
07	21.2	2.6	87.7%
08	16.0	2.0	87.5%
09	17.1	3.8	77.7%
10	23.6	3.0	87.2%
11	20.2	6.0	70.2%
12	13.2	4.4	66.6%
13	22.3	3.3	84.7%
14	17.0	2.4	85.8%

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15	24.0	5.6	76.6%
<b>TOTAL</b>	269.5	50.9	81.1%

**Significant Effect of therapy on PASI Scoring of 15 patients of Ekakushtha(Psoriasis) under group B:**

MEAN P.A.S.I.		% OF IMPROVEMENT	SD+	SE+	“t”	P
B.T.	A.T.					
17.9	3.3	81.56%	4.4	1.15	12.6	<0.001

Effect of therapy on P.A.S.I. Scoring was statistically highly significant with (P<0.001) with “t”value 12.6 in all the subjects. The therapy provided minimum 66.6% improvement to maximum extent of 94.0% with an average of 81.1% improvement in this group.

**Discussion**

“Beauty is only skin deep.” This phrase highlights the importance given to skin by a common man. When the skin is affected by the diseases it becomes troublesome not only as cosmetic problem, but also a psychological one. The people affected from such diseases experience low self-esteem and are often misunderstood by others which make their social interaction difficult. Though the patients notice the symptoms in the early stage of diseases, they seek the help of physicians only when it attains severity and affects person’s beauty and image in the society. The negligence of patients always leads the disease to the chronic stage. On the other hand Vyakta sthana of the disease i.e. skin is such a part that an individual’s food habits, psychological factors and environmental factors have an impact relation in the manifestation of psoriasis. The symptoms of disease tend to aggravate after errors in diet, overwork, worry or exposure. According to ayurveda, the psoriasis of modern science can be considered as Ekakushtha, which presents itself in various forms depending on Dosha predominance. Further considering the present day problems, the treatment has been selected to confirm the following criteria viz it should be simple, economical and most of all early eradication of the root cause was aimed. With the above factors in mind an attempt has been made to prove the efficacy of Shamana Chikitsa as Acharya Charaka has described Lepana as "Sadyo Siddhi Karaka" because external applications play a key role in the treatment of Kushtha. External application of oil also can be interpreted with above statement. Further our humble efforts in this regard was directed towards the scrutiny of so far executed services and adaptations of those fruitful ideas in aggregation with newer therapeutic trials of Ayurveda.

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**Age of patients** - In Group A maximum patients were belonging to ( 40-50) age group , where as in Group B maximum patients were belonging to (40-60 ) age groups.

**Sex of patients** In both the groups female patients were more than males.

**Chronicity of patients** In Group A maximum patients were belonging to chronicity of ( 2-3 yrs) group , where as in Group B maximum patients were belonging to (3-4 yrs) group.

**Prakruti of patients** In both the groups maximum patients were belonging to Vata-Pittaja Prakruti.

**Overall effect of therapy** – In group A improvement in size of patches shows 42.6 % & in group B shows 89.2% . Rukshata shows improvement (42.6 % in group A & 89.2 % in group B. In case of Arunatva group A shows 28.4 % improvement & group B shows 75.2 % . In case of Kandu group A shows 56.9% & in group B shows 93.01% .

**P.A.S.I score** – In case of group A show 76. 8% & in group B shows 81.5% improvement in P.A.S.I score.

## **Conclusion**

After intensive observations of 30 patients of Ekakushtha(Psoriasis), the effectiveness of various therapies was assessed. The various conclusions drawn from this study are as follows-

1. Lakshana of Ekakushtha simulates with that of Psoriasis of modern medicine.
2. Ekakushtha (Psoriasis) is a Shareeka-Manasika vikara.
3. Excessive intake of Katu, Tikta, Madhura Ahara, Rooksha, Teekshna, Snigdha and Laghu Guna yukta ahara and Manasika Bhava such as Chinta, Shoka, Krodha etc. are the responsible causative factors of Ekakushtha (Psoriasis).
4. Excessive intake of Tea/Coffee, alcohol, smoking and chewing Tobacco can worsen samprapti of Ekakushtha.
5. Mandagni/Teekshnagni, Viruddhashana, Nidralpata, Sheeta Vata Atapa sevana, Raja sevana etc. are also contributing factors, either in manifestation of Ekakushtha or worsening its severity.
6. To get optimum results, it is equally important to tackle Manasika bhavas while managing Ekakushtha.
7. The therapy under both Group A and B provided statistically highly significant results on all the parameters, such as Matsyashakalopam, Rukshata, Arunata, Kandu, PASI scoring, Dosh-Dusti, srotodusti, Auspitz sign, Candlegrease sign etc.
8. Though both the therapies provided statistically highly significant results, the percentage of relief was more in group B than A.

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9. The disease Ekakushtha (Psoriasis) can be efficiently managed well with Rasamanikya Yoga along with topical application of Mahamarichyadi Taila without any expensive and tedious Shodhana procedure. However for better results patients have to continue the medication for longer duration.

### **Recommendation for further study**

- Same study can be repeated in large sample.
- Comparison between effect of Shamana alone and Shamana with prior Shodhana can be done.

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