



Research Article

A COMPARATIVE CLINICAL STUDY ON VAMANA AND VIRECHANA KARMA IN THE  
MANAGEMENT OF EKAKUSHTHA WITH SPECIAL REFERENCE TO PSORIASIS

MD Haidar<sup>1\*</sup>, Sukumar Ghosh<sup>2</sup>, Supriya Bhattacharya<sup>3</sup>, Asish Kumar Das<sup>4</sup>, Rajarshi Chaudhuri<sup>5</sup>

\*1Post Graduate Scholar, <sup>2</sup>Professor and H.O.D, <sup>3</sup>Ex-Professor, <sup>4</sup>Reader, <sup>5</sup>Lecturer, Department of Panchakarma, Institute of Post Graduate Ayurvedic Education & Research at Shyamadas Vaidya Shastra Pith, Kolkata, West Bengal, India.

Article info

Article History:

Received: 28-09-2021

Revised : 11-10-2021

Accepted: 25-10-2021

Published: 07-11-2021

KEYWORDS:

Ekakushtha,  
Psoriasis, Vamana  
Karma, Virechana  
Karma.

ABSTRACT

*Ekakushtha* is one of the *Kshudra Kushtha* described in Ayurvedic classics. It predominantly involves *Vata* and *Kapha Dosha* and characterized by *Asvedanam* (Anhidrosis), *Mahavastu* (large area of involvement), *Matsyashakalopamam* (scaling), *Krishna Aruna Varna* (black or reddish brown skin lesion), *Kandu* (itching) and *Rukshata* (dryness). In modern science it can be co-related with Psoriasis. According to W.H.O. the world wide prevalence of Psoriasis is 2-3% (April, 2013). In India prevalence of Psoriasis varies from 0.44 to 2.88%. *Acharya Charaka* mentioned that treatment of *Ekakushtha* is to be carried out according to involvement of excessive *Dosha*. It is *Bahudosha* (excessively aggravated *Dosha*) and *Chirkari* (chronic) *Vyadhi* (disease). In this condition *Shodhana Chikitsa* (purificatory measures) is best. So in this present study *Vamana Karma* and *Virechana Karma* is chosen for the treatment of *Ekakushtha*. Here 60 cases of *Ekakushtha* (Psoriasis) were divided into two groups. Group A (30 patients) were subjected to *Vamana Karma*. Group B (30 patients) were subjected to *Virechana Karma*. The statistical analysis reveals that *Vamana Karma* is statistically more significant in the management of *Ekakushtha*. Here both the therapies i.e. *Vamana Karma* and *Virechana Karma* were effective in the treatment of *Ekakushtha*. But *Vamana Karma* was more effective than *Virechana Karma*.

INTRODUCTION

Ayurveda is a science of life with aim of protection of health and alleviation of disease. It provides a disease free and healthy environment. Any ugliness or disease condition of the skin gives rise to both physiological and psychological illness to the patient.

*Ekakushtha*, a type of skin disease, is one of the *Kshudra Kushtha* described in Ayurvedic classics. It predominantly involves *Vata* and *Kapha Dosha* and characterized by *Asvedanam* (Anhidrosis), *Mahavastu* (large area of involvement), *Matsyashakalopamam* (scaling), *Krishna Aruna Varna* (black or reddish brown skin lesion), *Kandu* (itching) and *Rukshata*

(dryness).<sup>[1]</sup> Most of the features of *Ekakushtha* are more or less similar to Psoriasis. Psoriasis is an autoimmune, non-infectious, chronic inflammatory skin disorder where altered keratinization of epidermal cell takes place with well- defined erythematous lesion and silvery plaques with a predilection for the extensor surface and scalp and a chronic fluctuating course.<sup>[2]</sup> According to WHO, the world wide prevalence of Psoriasis is 2-3% (April, 2013). In India prevalence of Psoriasis varies from 0.44 to 2.88%.<sup>[3]</sup>

Modern medical treats psoriasis with corticosteroids, PUVA and immunosuppressant. But this management gives grave side-effects like obesity, bone marrow depletion, hepatotoxicity and nephrotoxicity etc. Hence it is the need of time to find out safe and effective treatment for *Ekakushtha* in Ayurveda.

In the context of *Kushtha*, *Acharya* mentioned that treatment is to be carried out according to involvement of excessive *Dosha*.<sup>[4]</sup> *Ekakushtha* is *Vata*

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<https://doi.org/10.47070/ijapr.v9iSuppl1.2109>

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*Kaphaja Pradhana Tridoshaja Raktagata Chirkari Vyadhi. Shodhana Chikitsa* is best for *Bahudosha* and *Chirkari Vyadhi*.<sup>[4]</sup> So for treatment of *Kapha Dushti*, *Vamana* is best and for treatment of *Raktagata Vyadhi*, *Virechana* is best *Shodhana Chikitsa*.<sup>[5]</sup>

### AIM AND OBJECTIVES

**Aim:** To compare the efficacy of *Vamana Karma* and *Virechana Karma* in the management of *Ekakushtha*.

### Objectives

1. To evaluate the effect of *Vamana Karma* in the management of *Ekakushtha*.
2. To evaluate the effect of *Virechana Karma* in the management of *Ekakushtha*.

### MATERIALS AND METHODS

Approval by Institutional Ethical Committee for Clinical Trial on Human subjects (memo no. SVP/334/2019) got on 16.05.2019. Patients were selected from the OPD & IPD of *Panchakarma* Department of Institute of Post Graduate Ayurvedic Education & Research at S.V.S.P., Kolkata, on the basis of clinical criteria full filing the diagnosis of *Ekakushtha* with special reference to Psoriasis as per description of Ayurvedic text and standard textbook of Modern medicine.

In a specified research format, the consent of patient with signature or left thumb impression and date were taken. Patients were diagnosed and assessed thoroughly on the basis of Ayurvedic classical signs and symptoms and were examined on the basis of specially prepared proforma along with a detailed history.

### Inclusion Criteria

- Patients having classical *Lakshana* of *Ekakushtha*.<sup>[1]</sup>
- Patients fit for *Vamana Karma* and *Virechana Karma*.
- Patients of either sex of age group between 18-60 years.
- Patients who are willing to undergo the therapy.

### Exclusion Criteria

- Age group less than 18 years and more than 60 years.

### Criteria for Assessment

Improvement in signs and symptoms were appraised on the basis of adopted scoring pattern.

S. No.	Assessment criteria
1.	<b>Asvedanama (Anhidrosis)</b> 0- Normal sweating 1- Mild sweating 2- Mild sweating after exercise 3- No sweating after exercise
2.	<b>Mahavastu (Large area involved)</b> 0- No lesions on body 1- Partial lesions on hand, neck, scalp, trunk, back 2- Lesions on most part of the hand, leg, neck, scalp, trunk, back 3- Lesions on all parts of body

- Patients suffering from Uncontrolled Diabetes mellitus, Hypertension, *Hridroga* and other systemic diseases.
- Patients who are contraindicated for *Vamana Karma* and *Virechana Karma*.

### Plan of Study

Patients were divided into two groups consisting of thirty each.

### Group A: 30 patients were treated with *Vamana Karma*

**Purvakarma:** For *Dipana*, *Pachana Panchakola Churna* 5gm thrice daily before food with lukewarm water till *Niramavastha* was obtained.

**Snehana:** *Arohana Krama Snehapana* with *Panchatikta Ghrita* starting from 30ml till the *Samyaka Snigdha Lakshana* seen or 7 days whichever is earlier, then *Abhyanga* by *Nimba Taila* followed by *Sarvangha Sveda*.

**Pradhana Karma:** *Akanthapana* of milk were given prior to administration of *Vamaka Yoga*.

**Vamaka Yoga:** *Madanaphala Pippali Churna*, *Saindhava*, *Vacha*, *Madhu*.

**Dose:** As per *Roga Bala* and *Rogi Bala*.

**Pashchat Karma:** *Peyadi Samsarjana Krama* was followed according to *Shuddhi*.

### Group B: 30 patients were treated with *Virechana Karma*.

**Purva karma:** Same as Group A i.e. *Vamana Karma*.

**Pradhana Karma:** *Virechana* by *Trivritta Avaleha* was done.

**Dose:** As per *Roga Bala* and *Rogi Bala*.

**Pashchat karma:** Same as Group A i.e., *Vamana Karma*.

Patients were examined on the basis of questionnaire put in proforma. Etiopathology of the ailment was studied on the basis of clinical history given by the patient and assessments were recorded in proforma. Improvement in signs and symptoms were appraised on the basis of adapted scoring pattern.

	4- Lesions on the whole body
3.	<b>Matsyashakalopamam (Silvery scale)</b> 0- No scaling 1- Minimal (occasional fine scale over <5% of the lesion) 2- Mild (fine scale predominates) 3- Moderate (coarse scale predominates) 4- Marked (thick, non-tenacious scale predominates) 5- Severe (very thick, tenacious scale predominates)
4.	<b>Krishna Aruna Varna (Black or reddish brown skin lesion)</b> 0- Normal colour 1- Near to normal colour (faint) 2- Light reddish colour 3- Moderate red colour 4- Bright red colour 5- Dusky to deep red colour
5.	<b>Kandu (Itching)</b> 0- No itching 1- Mild / occasional itching 2- Moderate (tolerable) infrequent 3- Severe itching frequently 4- Very severe itching disturbing sleep and other activities
6.	<b>Rukshata (Dryness)</b> 0- No line on scratching with nail 1- Faint lines on scratching with nail 2- Lines and even words can be written on scratching by nail 3- Excessive Rukshata leading to Kandu 4- Rukshata leading to crack formation
7.	<b>Auspitz sign</b> 0- Absent 1- Improvement 2- Present
8.	<b>Candle grease sign</b> 0- Absent 1- Improvement 2- Present

#### Criteria for the Assessment of Overall effect of the Therapies

- Complete remission: 100% relief in the sign and symptoms.
- Marked improvement: >75% - <100% relief in the sign and symptoms.
- Moderate improvement: >50% - <75% relief in the sign and symptoms.
- Mild improvement: >25% - < 50% relief in the sign and symptoms.

Insignificant improvement: Below 25% relief in the sign and symptoms.

#### Statistical Analysis

Paired "t" test was used for statistical analysis.

#### OBSERVATIONS AND RESULTS

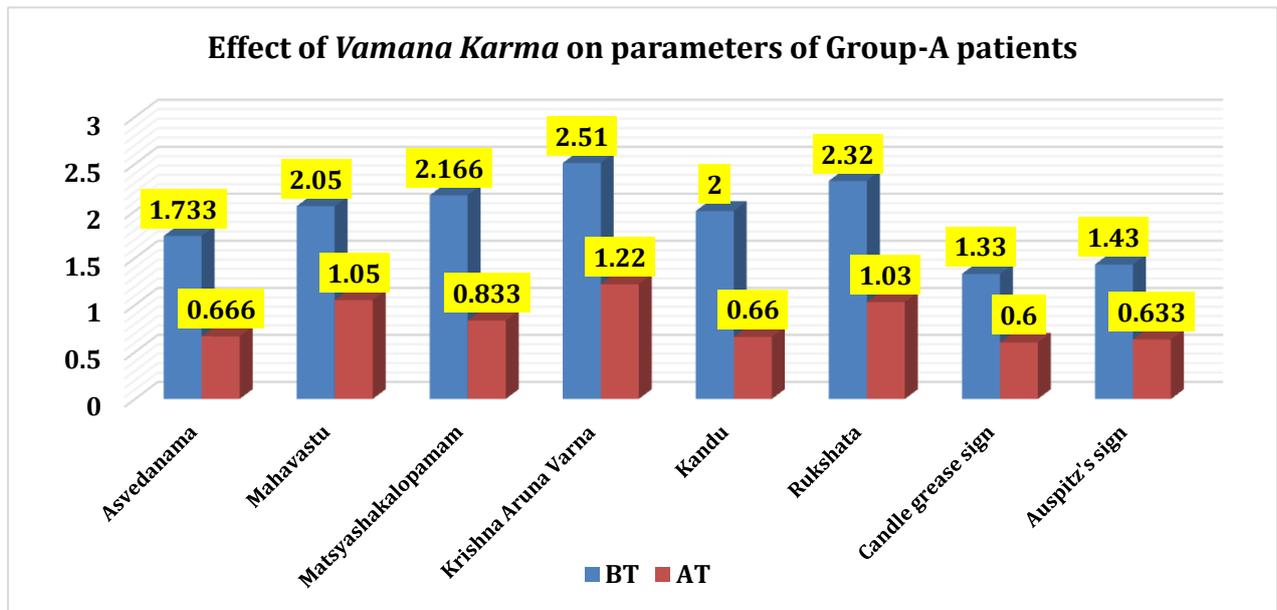
The effect of treatment was observed on the basis of percentage of relief, SD, SE, t value and P value. The obtained outcomes were evaluated as –

- Insignificant –  $P > 0.5$
- Significant–  $P < 0.5 < 0.01$
- Highly significant–  $P < 0.001$

**Table No 1: Statistical data showing effectiveness of Vamana Karma in Group A patients of Ekakushtha (Psoriasis)**

Parameters	n	Mean Score		MD	% of Relief	SD	SE	't' value	'P' value
		BT	AT						
Asvedanama	15	1.733	0.666	1.066	62%	0.457	0.118	9.03	<0.001
Mahavastu	20	2.05	1.05	1.00	49%	0.458	0.10	10	<0.001
Matsyashakalopamam	30	2.166	0.833	1.33	61.53%	0.801	0.146	9.109	<0.001
Krishna Aruna Varna	27	2.51	1.22	1.296	51.63%	0.947	0.182	7.12	<0.001
Kandu	30	2.00	0.66	1.366	68.30%	0.764	0.139	9.827	<0.001
Rukshata	28	2.32	1.03	1.28	55.17%	0.762	0.144	8.88	<0.001
Candle grease Sign	30	1.33	0.60	0.733	55%	0.583	0.106	6.91	<0.001
Auspitz's Sign	30	1.43	0.633	0.8	56%	0.609	0.111	7.20	<0.001

It is evident from the table no.1 that among all the parameters of Ekakushtha (psoriasis) in Group A like Asvedanama, Mahavastu, Matsyashakalopamam, Krishna Aruna Varna, Kandu, Rukshata, Candle grease Sign, Auspitz's Sign; the result was statistically highly significant i.e.,  $p < 0.001$ . This is shown in the following graph.

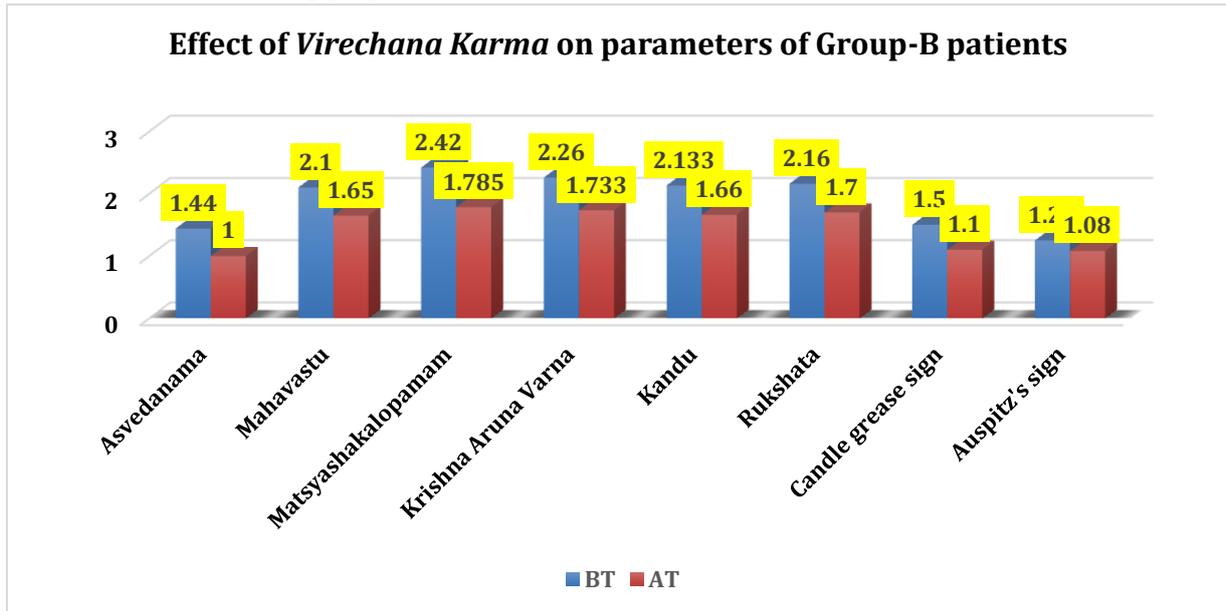


**Table No 2: Statistical data showing effectiveness of Virechana Karma in Group B patients of Ekakushtha (Psoriasis)**

Parameters	n	Mean Score		MD	% of Relief	SD	SE	't' value	'P' value
		BT	AT						
Asvedanama	18	1.44	1.00	0.44	30.5%	0.615	0.144	3.05	<0.01
Mahavastu	29	2.10	1.65	0.44	21.31%	0.782	0.145	3.089	<0.01
Matsyashakalopamam	28	2.42	1.785	0.642	26.47%	0.825	0.186	3.45	<0.01
Krishna Aruna Varna	30	2.26	1.733	0.533	23.52%	0.899	0.164	3.25	<0.01
Kandu	30	2.133	1.6	0.533	25%	0.899	0.164	3.25	<0.01
Rukshata	24	2.16	1.70	0.455	21%	0.778	0.158	2.898	<0.01
Candle grease Sign	30	1.5	1.1	0.4	26.66%	0.770	0.140	2.85	<0.01
Auspitz's Sign	25	1.25	1.08	0.44	28.9%	0.893	0.178	2.471	<0.05

It is evident from the table no. 2, that among the parameters of Ekakushtha (Psoriasis) in Group B Asvedanama, Mahavastu, Matsyashakalopamam, Krishna Aruna Varna, Kandu, Rukshata, Candle grease Sign,

Auspitz's Sign; the result was statistically significant i.e.,  $p < 0.01$ . Auspitz's sign also was statistically significant i.e.,  $p < 0.05$ . This is shown in following graph.

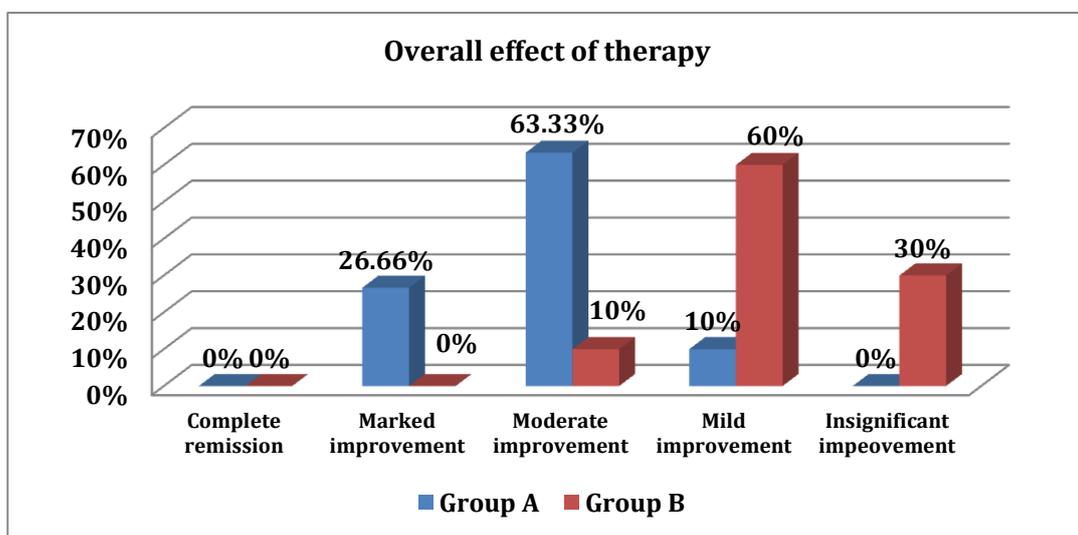


**Table No.3: Overall effect of therapy-**

Result	Group A	%	Group B	%	Total %
Complete remission (100% relief)	0	0%	0	0%	0%
Marked improvement (>75% - <100%)	8	26.66%	0	0%	13%
Moderate improvement (>50% - <75%)	19	63.33%	3	10%	36.66%
Mild improvement (>25% - <50%)	3	10%	18	60%	35%
Insignificant improvement (<25%)	0	0%	9	30%	15%
Total	30	100%	30	100%	100%

It is noticeable from the table no.3 that:

- Marked improvement was found in 26.66% of patients in group A, while it was 0% in patients in Group B.
- Moderate improvement was found in 63.33 % of patients in Group A, while it was 10 % of patients in Group B.
- Mild Improvement was found in 10 % of patients in Group A, while it was 60 % of patients in Group B.
- Insignificant improvement was found in 30% of patients in group B.
- Complete remission was not found in any patient.



**Photographs -Group A**



**Figure 1: Before Treatment- Abdomen**



**Figure 2: After Treatment- Abdomen**



**Fig. 3: Before Treatment- Back**



**Fig. 4: After Treatment- Back**

**Photographs -Group B**



**Fig. 5: Before Treatment- Left leg**



**Fig. 6: After Treatment- Left leg**

## DISCUSSION

### Discussion on Disease

*Kushtha*, as skin disfigurement was found since ancient time. *Kushtha* is a broad term for all skin diseases. A separate chapter of *Kushtha* has been mentioned. *Ekakushtha* is one among the 11 *Kshudra Kushtha* with vitiation of *Kapha & Vata Dosha* and *Rakta*.<sup>[1]</sup> Due to *Mithyahara*, *Vihara* and *Karma*, *Tridosha* gets vitiated affecting *Tvaka*, *Rakta*, *Mamsa* and *Ambu* and thus manifests *Kushtha*.<sup>[6]</sup>

In the context of *Kushtha*, Acharya mentioned that treatment is to be carried out according to the predominance of *Dosha*. *Ekakushtha*, a type of *Kshudra Kushtha* is *Vata Kaphaja Pradhana Tridoshaja Raktagata Vyadhi*.<sup>[1]</sup> So for treatment of *Kapha Dushti*, *Vamana* is best and for treatment of *Raktagata Vyadhi*, *Virechana* is best *Shodhana Chikitsa*.<sup>[5]</sup>

### Discussion on Therapy

The *Vamana* and *Virechana Dravya* possess the properties *Ushna*, *Tikshna*, *Sukshma*, *Vyavayi* and *Vikashi*. Due to its *Vyavayi* and *Vikashi* they get quickly spread into all channels of the body. It permeates whole body with the help of its *Ushna* and *Tikshna Guna* the accumulated *Doshas* gets liquefied and breakup into small pieces at cellular level. *Tikshna Guna* carries the particles which are broken down and separated from *Shakha* to *Koshtha* due to the *Anupravana Bhava* (nature of flow in small channels) of the drugs. *Sukshma* property makes the pathway for the *Virechana* drugs to reach minute channels & remove the morbid matter from them to reach *Amashaya* in the process of *Virechana*. Due to *Vyavayi* property, *Virechana* drugs get absorbed and spread for further action quickly.

The *Vikashi Guna* detaches the *Mala*. Due to the presence of *Sukshma Guna* and *Anupravana Guna* the *Mala* or *Dosha* float because already body has got *Samyaka Snigdhatata* and pass through smallest capillaries and ultimately reaches to *Amashaya*. *Vamana Dravya* are predominant of *Agni* and *Vayu* with *Urdhva bhagahara Prabhava*. Thus *Vamaka Aushadhi* and excess *Dosha* expels out through mouth. *Virechaka Dravya* are predominant of *Apa* and *Prithvi* with *Adhohagahara Prabhava*. Thus *Virechaka Aushadhi* and excess *Dosha* expels out through anus.<sup>[7]</sup>

### Discussion on Drugs

**Panchakola Churna:** *Panchakola Churna* was selected for *Dipana & Pachana* as it is best for *Dipana & Pachana* and also pacifies *Vata* and *Kapha Dosha* which is involved in *Ekakushtha*.<sup>[8]</sup>

**Panchatikta Ghrita:** It contains *Tikta Rasa Dravya*. The *Tikta Rasa* pacifies *Sveda*, *Kandu*, *Kushtha*, *Daha* and helps in *Sthirakarana* (stability of the body). *Kushtha* is a *Tridoshaja Raktagata Vyadhi*. *Tikta Rasa*

mitigate *Pitta & Kapha Dosha* and improve blood circulation (*Rakta Prasadana*).<sup>[9]</sup>

**Nimba Taila:** It has *Pittakaphaghna* and *Kushthaghna* property. It also pacifies *Vata Dosha* and causes *Snehana* in the body by its *Snigdha Guna*. As *Nimba* is *Tikta Rasa Pradhana Dravya* it has *Kandughna* property.<sup>[10]</sup>

**Madanaphala:** Among all *Vamaka Dravya Madanaphala* is best because of *Anapayitvat* i.e., in comparison to other *Vamaka Dravya* it causes less complication.<sup>[11]</sup>

**Trivritta Lehyam:** *Trivritta Lehyam* was selected for *Virechana Karma* as it is considered as best *Sukhavirechana Dravya*.<sup>[5]</sup>

### Discussion on Observation

**Marital status:** It reveals that maximum patients were belonging to married group. The total incidences were 80% followed by next higher incidence from the group of unmarried i.e., 15%. Since after marriage subjects are more prone to mental stress, familial and social burden and also have various types of addiction, the disease is more in adult married person as the above mentioned are aggravating factors for disease *Ekakushtha* (Psoriasis).

**Chief Complaint:** It was observed that 100% patients were suffering from *Kandu* (itching). Other incidence observed were *Matsyashakalopamam* (silvery scale) 96.66%, *Krishna Aruna Varna* 95%, *Rukshata* (Dryness) i.e. 86.66%, *Mahavastu* (large area involved) 81.66%. Then the least incidence observed *Asvedanama* i.e., 55%. Aggravated *Vata Dosha* causes *Rukshata* of *Tvaka* which causes *Kandu* (itching) at the affected area of the body. So it can be interpreted that *Kandu* (itching), *Matsyashakalopamam* (silvery scale), *Rukshata* (dryness) are chief complaint of the disease *Ekakushtha*. It was observed that 100% of patients were presented with *Candle grease sign* followed by 91.66% patients were presented with *Auspitz sign*. So it can be interpreted that both *Candle grease sign* and *Auspitz sign* generally present in case of *Psoriasis*.

**Type of Psoriasis:** It was found that maximum patients were suffering from *Chronic plaque type* of *Psoriasis* i.e., 56.66%, next were *generalised Psoriasis* i.e. 16.66%, followed by *localised Psoriasis* i.e., 13.33%, followed by *Flexural Psoriasis* i.e., 8.33%, followed by *Guttate Psoriasis* i.e., 8.33%. There was no patient of *Pustular Psoriasis*.

**Chronicity of Illness:** In this study, maximum patients i.e. 48.33% were suffering from the disease ranges from 4 years-10 years. So it can be concluded that *Ekakushtha* (Psoriasis) is chronic disease.

**Aggravating Factors:** This study reveals that 58.33% reported winter as an important aggravating factor, while 26.66% said emotional stress was aggravating factor. 10% considered exposure to sunlight, 3.33% for

trauma and 1.66% for drug was considered as the aggravating factor. Cold climate increases *Shita* and *Ruksha Guna* which aggravates *Vata* & *Kapha* in the body. *Ekakushtha* is *Vata-Kaphaja* disorder. So due to same *Guna* disease aggravates.

**Family History:** It was found that maximum patients i.e. 93.33% had no family history while remaining 6.66% had family history of *Ekakushtha* (psoriasis). *Maharshi Sushruta* also mentioned *Kushtha* as *Adibala Pravritta Vyadhi*<sup>[12]</sup> but strong correlation is still not established.

**Dominant Rasa in Ahara:** This present study shows that maximum patients i.e. 53.33% had *Amla Rasa* dominancy, then 16.33% patients had *Lavana Rasa* dominancy. Excessive use of *Amla* and *Lavana rasa* aggravates *Pitta* and *Kapha dosha* which leads to *Raktadushti* that causes the disease *Ekakushtha*. So it can be concluded that *Amla* and *Lavana Rasa* are the causative *Rasa* for the disease *Ekakushtha*.

**Nidra:** It was found that maximum patients i.e. 48.33% had *Khandita Nidra* (disturbed sleep). It may be due to itching, mental stress & *Vata* aggravation. So it can be concluded that *Ekakushtha* (Psoriasis) causes *Khandita Nidra* (disturbed sleep).

**Sharirika Prakriti:** The assessment of *Sharirika Prakriti* revealed that maximum patients i.e., 44 patients (73.33%) were of *Vata-Kaphaja Prakriti*. According to *Acharya Charaka*, *Ekakushtha* is the disease of *Vata-Kaphaja Prakriti*.<sup>[4]</sup> So, it can be inferred that *Vata-Kaphaja Prakriti* subject develops the disease more because of the similar *Dosha*.

**Manasika Prakriti:** During the assessment of *Manasika Prakriti* it was found that the most affected patients i.e. 63.33% were having the *Rajasika Prakriti*. In *Rajasika Prakriti* person, *Krodha* and *Shoka* are major *Mana Bhava* so they become anxious or depressed quickly and these are the aggravating factors for *Ekakushtha* (psoriasis).

**Mental status:** It was observed that maximum patients i.e. 46.66% were depressed, 33.33% were anxious. As the psoriasis is a chronic disease and also suffers a mental and social trauma to the patient so maximum patients were depressed and anxious.

### Discussion on Results

**Asvedanama:** 62% relief was observed in Group A, while it was 30.5% in group B. The result was statistically highly significant i.e.,  $p < 0.001$  in group A and significant i.e.,  $p < 0.01$  in group B.

**Mahavastu:** 49% relief was observed in Group A, while it was 21% in group B. The result was statistically highly significant i.e.,  $p < 0.001$  in group A and significant i.e.,  $p < 0.01$  in group B.

**Matsyashakalopamam:** 61.5% relief was observed in Group A, while it was 26% in group B. The result was

statistically highly significant i.e.,  $p < 0.001$  in group A and significant i.e.,  $p < 0.01$  in group B.

**Krishna Aruna Varna:** 51.5% relief was observed in Group A, while it was 23.5% in group B. The result was statistically highly significant i.e.,  $p < 0.001$  in group A and significant i.e.,  $p < 0.01$  in group B.

**Kandu:** 68% relief was observed in Group A, while it was 25% in group B. The result was statistically highly significant i.e.,  $p < 0.001$  in group A and significant i.e.,  $p < 0.01$  in group B.

**Rukshata:** 55% relief was observed in Group A, while it was 21% in group B. The result was statistically highly significant i.e.,  $p < 0.001$  in group A and significant i.e.,  $p < 0.01$  in group B.

**Candle grease Sign:** 55% relief was observed in Group A, while it was 26.6% in group B. The result was statistically highly significant i.e.,  $p < 0.001$  in group A and significant i.e.,  $p < 0.01$  in group B.

**Auspitz's Sign:** 56% relief was observed in Group A, while it was 28.9% in group B. The result was statistically highly significant i.e.,  $p < 0.001$  in group A and significant i.e.,  $p < 0.05$  in group B.

### CONCLUSION

*Vamana* is best *Shodhana Karma* in *Kapha* predominant disease. *Ekakushtha* is recurrent in nature, so repeated *Shodhana Karma* is needed for eradication of the disease. No adverse effects were observed in the present clinical study. So it can be concluded that the present study is safe and very effective for the management of *Ekakushtha* (Psoriasis). Further extensive and large scale studies are recommended.

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**Cite this article as:**

MD Haidar, Sukumar Ghosh, Supriya Bhattacharya, Asish Kumar Das, Rajarshi Chaudhuri. A Comparative Clinical Study on Vamana And Virechana Karma In The Management of Ekakushtha With Special Reference To Psoriasis. International Journal of Ayurveda and Pharma Research. 2021;9(Suppl 1):27-35.

<https://doi.org/10.47070/ijapr.v9iSuppl1.2109>

**Source of support: Nil, Conflict of interest: None Declared**

**\*Address for correspondence**

**Dr. MD Haidar**

PG Scholar,

Department of Panchakarma,

Institute of Post Graduate

Ayurvedic Education & Research

at Shyamadas Vaidya Shastra

Pith, Kolkata, West Bengal, India.

Email: [dr.mdhaidar@gmail.com](mailto:dr.mdhaidar@gmail.com)

Contact no. 9038606038

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