Original Research

Efficacy of Bhallataka Vati and Jivantyadi Lepa Administered after Virachana in Psoriasis (Ekakushtha)

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

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

Date of submission: 24-03-2018; Date of Revision: 13-07-2018; Date of Acceptance: 20-08-2018

Abstract:

Kanani and Gurdipsingh (2018) studied the effect of Panchatikta Ghrita administered orally in increment dosages as a part of Virechana as well as of Virechana Karma performed thereafter and reported that Panchatikta Ghrita provided very mild relief and Virechana Karma gave mild relief to the patients of psoriasis.

In the present study after Virechana Karma, Bhallataka Vati was administered orally and Jivantyadi Lepa was applied externally on the lesions for two months. The results of this study showed that the therapy provided significant relief in signs and symptoms as well as clinical tests and provided complete remission to 20% patients, marked improvement to 30% patients, moderate improvement to 40% patients and mild improvement to 10% patients. None of the patients remained unchanged.

Key Words: Psoriasis, Ekakushtha, Bhallataka Vati, Jivantyadi Lepa, Virechana

Introduction:

Close perusal of 18 types of Kushtha showed that it is a group of non-pus forming chronic skin diseases. It includes leprosy, fungal diseases like Daudu and autoimmune diseases like Vicharchika and so on. Ekakushtha is one of Kushtha, description of which resembles with psoriasis. Psoriasis is characterized by round, reddish, erythematous patches covered with dry, adherent silvery scales. It does not kill the patient but due to ugly appearance it may disturb personal, family and social life of the patient. It appears to be largely a disorder of keratinization where rapid replacement of epidermis takes place. Normally it takes approximately 28 days to replace the epidermis while in psoriasis it occurs in 3 to 4 days.

A condition where over-production occurs, Ayurveda prescribes Ushna, Lekhana and Tikshna drugs. Bhallataka has Tikshna, Snigdha and Ushna properties, but it produces some side effects in some patients. To overcome this problem Dhanyaka (coriander powder) was added to Bhallataka and Vati was prepared comprising of Shuddha Bhallataka - 2 parts, Tila - 1 part, Dhanyaka - 1 part, Haritaki - 1 part and Guda sufficient to make pills and was named as Bhallataka Vati.

Jeevantyadi Yamaka is indicated in the Vata-Kapha dominant skin disorders specifically in Ekakushtha (Ch.Chi.7/121-122). In this study its content viz. Jeevanti, Daruhradir, Manjishtha, Kampillaka and Tuttha were taken in powder form, each in one part. To it one part of Shuddha Haritala was added as it is indicated in all types of Kushtha particularly in Vata-Kapha types (Ch. Su. 3/5, 11-12). This combination was given one Bhavana of leave juice of Arka and at the time of local application it was mixed in10 times butter.

In Ayurveda, the importance of Shodhana in skin disease is well defined therefore, prior to Shamana, Virechana Karma was done. Psoriasis being a multi-factorial disease, therefore Virechana, Bhallataka Vati internally and Jeevantyadi Lepa externally were selected for this study.

Aim and Objective:

To evaluate the efficacy of Bhallataka Vati administered internally and Jivantyadi lepa applied externally after Shodhana with Virechana on patients of Psoriasis (Ekakushtha).

Materials and Methods

12 patients of psoriasis were registered from PG Hospital of IPGT&R Jamnagar and diagnosed on the following criteria:

Criteria of Diagnosis:

The patients were diagnosed on the basis of characteristic signs and symptom of psoriasis as well as of Ekakushtha. The diagnosis was confirmed by the clinical tests such as Auspitz sign, candle grease sign and Kosbner phenomenon.

Drugs and Dose:

After Samyak Snehana done by oral administration of Panchatikta Ghrita in increment doses, Virechana Karma was done by oral administration of Triphala Kvatha-150-200 ml, Eranda taila-20-30 ml and Icchabhedi Rasa-500 mg in the dosages depending on Kushtha and Agni. After Samsarjana Krama, Bhallataka Vati was given orally in the dose of one gram three times a day with water. Simultaneously required quantity of Jivantyadi Lepa powder was mixed in ten times of butter and applied locally on the lesions two times a day. This regime was continued for two months.

Follow-up Study:

After stopping the administration of the drugs, the patients were advised to report every fortnight for follow up study, which was done for 3 months. During the follow up study, further improvement or deterioration or no change in the signs and symptoms were recorded.

Criteria of Assessment of Results:

Signs and symptoms were given appropriate scores and accordingly were assessed before and after the treatment. The involvement body surface area was determined by using the Lund-Brower method.

Overall effect of the therapy was assessed in the following terms: 100% relief in signs and symptoms and clinical tests was taken as complete remission, more than 75% as marked improvement, 51 to 75% as moderate improvement, 25 to 50% as mild improvement and below 25% was considered as unchanged.

Results

In this study 12 patients of psoriasis (Ekakushtha) were registered out of which 10 patients completed the course and 2 patients discontinued the treatment in the initial stages.
Effects of the Bhallataka Vati and Jivantyadi Lepa administered after Virechana Karma on chief complaints are presented in Table-1.

The next Table-2 shows the effects of the therapy on clinical tests performed before and after the treatment. The effects of the therapy on Manasa Bhava (mental factors) are shown in Table-3 and on Hamilton’s anxiety and depression scales in Table-4. Overall effects of the therapy are depicted in Table-5.

**Table-1**

<table>
<thead>
<tr>
<th>Signs &amp; Symptoms</th>
<th>Mean Score</th>
<th>% of change</th>
<th>SD (±)</th>
<th>SE (±)</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size of erythema (Mandala)</td>
<td>BT 3.3</td>
<td>AT 0.9</td>
<td>72.7</td>
<td>0.97</td>
<td>0.31</td>
<td>7.86</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scaling</td>
<td>BT 3.3</td>
<td>AT 0.5</td>
<td>84.8</td>
<td>0.63</td>
<td>0.2</td>
<td>14.0</td>
</tr>
<tr>
<td>Dryness (Ruksha)</td>
<td>BT 2.9</td>
<td>AT 0.9</td>
<td>69.7</td>
<td>0.82</td>
<td>0.26</td>
<td>7.75</td>
</tr>
<tr>
<td>Itching (Kandu)</td>
<td>BT 2.5</td>
<td>AT 0.3</td>
<td>88.0</td>
<td>1.48</td>
<td>0.47</td>
<td>4.71</td>
</tr>
<tr>
<td>Burning sensation (Daha)</td>
<td>BT 1.4</td>
<td>AT 0.2</td>
<td>85.7</td>
<td>1.39</td>
<td>0.44</td>
<td>2.71</td>
</tr>
<tr>
<td>Extensive lesions (Bahalata)</td>
<td>BT 3.0</td>
<td>AT 0.8</td>
<td>73.3</td>
<td>0.79</td>
<td>0.25</td>
<td>8.81</td>
</tr>
<tr>
<td>Non sweating (Asvedanam)</td>
<td>BT 2.0</td>
<td>AT 0.6</td>
<td>70.0</td>
<td>0.70</td>
<td>0.22</td>
<td>6.33</td>
</tr>
</tbody>
</table>

**Table-2**

<table>
<thead>
<tr>
<th>Clinical test</th>
<th>Mean Score BT</th>
<th>Mean Score AT</th>
<th>% of change</th>
<th>SD (±)</th>
<th>SE (±)</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auspitz sign</td>
<td>2.0</td>
<td>0.71</td>
<td>64.3</td>
<td>0.75</td>
<td>0.28</td>
<td>4.5</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Candle grease sign</td>
<td>2.0</td>
<td>0.83</td>
<td>58.3</td>
<td>0.75</td>
<td>0.30</td>
<td>3.79</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Koebner reaction</td>
<td>2.0</td>
<td>1.33</td>
<td>33.3</td>
<td>0.57</td>
<td>0.33</td>
<td>2.0</td>
<td>&gt;0.05</td>
</tr>
</tbody>
</table>

**Table-3**

<table>
<thead>
<tr>
<th>Mental factor</th>
<th>Mean Score BT</th>
<th>Mean Score AT</th>
<th>% of change</th>
<th>SD (±)</th>
<th>SE (±)</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety (Chinta)</td>
<td>2.0</td>
<td>0.9</td>
<td>55.0</td>
<td>0.73</td>
<td>0.23</td>
<td>4.71</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Fear (Bhaya)</td>
<td>2.0</td>
<td>1.1</td>
<td>45.0</td>
<td>0.87</td>
<td>0.27</td>
<td>3.25</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Anger (Krodha)</td>
<td>2.0</td>
<td>1.2</td>
<td>40.0</td>
<td>0.63</td>
<td>0.20</td>
<td>4.00</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Grief (Shoka)</td>
<td>2.0</td>
<td>1.1</td>
<td>45.0</td>
<td>0.57</td>
<td>0.18</td>
<td>5.10</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

**Table-4**

<table>
<thead>
<tr>
<th>Hamilton rating scale</th>
<th>Mean Score BT</th>
<th>Mean Score AT</th>
<th>% of change</th>
<th>SD (±)</th>
<th>SE (±)</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>11.9</td>
<td>7.9</td>
<td>33.6</td>
<td>1.41</td>
<td>0.45</td>
<td>8.94</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Depression</td>
<td>11.0</td>
<td>6.9</td>
<td>37.2</td>
<td>1.66</td>
<td>0.52</td>
<td>7.79</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

**Table-5**

<table>
<thead>
<tr>
<th>Total Effect</th>
<th>No. of Patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete remission</td>
<td>2</td>
<td>20.0</td>
</tr>
<tr>
<td>Marked improvement</td>
<td>3</td>
<td>30.0</td>
</tr>
<tr>
<td>Moderate improvement</td>
<td>4</td>
<td>40.0</td>
</tr>
<tr>
<td>Minor improvement</td>
<td>1</td>
<td>10.0</td>
</tr>
<tr>
<td>Unchanged</td>
<td>0</td>
<td>00.0</td>
</tr>
</tbody>
</table>

**Discussion**

Bhallataka Vati administered orally and Jivantyadi Lepa applied locally after Virechana Karma significantly reduced the average size of erythema (Mandala) by 72.2% and scaling by 84.8%. It provided significant relief of 69% in dryness, 69% in itching, 85.7% in burning sensation, 73.3% in average surface area involved by the lesions and 70% in non-sweating (Table-1).

The therapy caused 64.3% significant reduction in Auspitz sign and 58.3% in Candle grease sign, but it did not show significant effect in Koebner’s reaction (Table-2).

As psoriasis causes disfigurement particularly if involves face and exposed parts, so they may also suffer from complex, therefore the effect of the therapy was also assessed on individual mental factors as well as Hamilton’s scales. The therapy significantly relieved anxiety by 55.0%, fear by
45.5%, anger by 40.0% and grief by 45.0% (Table-3). The therapy also provided significant relief of 33.6% in Hamilton’s anxiety rating scale and 37.2% in Hamilton’s depression Rating Scale (Table-4).

Considering overall effect of the therapy showed that it provided complete remission to 20% patients, marked improvement to 30% patients, moderate improvement to 40% patients and mild improvement to 10% patients. None of the patients remained unchanged (Table-5).

Kanani and Gurdipsingh (2018) reported in their study that Virechana performed after Snehna with Panchatikta ghrita provided 6.7% to 67.9% relief in the main symptoms of psoriasis and Virechana Karma gave mild relief to the patients of psoriasis.

While in this study where Bhallataka Vati was administered orally and Jivantyadi Lepa was applied externally, the patients got significant relief in their main signs and symptom ranging from 69.7% to 88.0% and 20% got complete remission. Hence, it can be concluded that administration of palliative drug after Shodhana to the patients of psoriasis enhances the significant cure level.

Conclusion
Bhallataka Vati administered orally and Jivantyadi Lepa applied externally after Virechana for two months provided significant relief in signs and symptoms. The therapy caused significant reduction in Auspitz sign and Candle grease signs, but it did not showed significant effect in Koebner’s reaction.

The therapy provided significant relief in mental factors such as anxiety, fear, anger and grief. The therapy also provided significant relief in Hamilton’s anxiety rating scale and Hamilton’s depression Rating Scale

The therapy provided complete remission to 20% patients, marked improvement to 30% patients, moderate improvement to 40% patients and mild improvement to 10% patients of psoriasis.

Comparison the results of this study with earlier study showed that administration Bhallataka Vati orally and Jivantyadi Lepa application externally after Virechana enhances the cure rate from nil to 30%.

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