



## Research Article

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### EFFICACY OF GOGHRITA AND VAJRAK GHRITA AS ABHYANTAR SNEHA IN THE MANAGEMENT OF EKKUSHTHA WITH SPECIAL REFERENCE TO PSORIASIS THROUGH VAMAN: A COMPARATIVE STUDY

Rohini Salve\*

Lecturer, Department of Panchkarma, Parul Institute of Ayurveda, Limda, Vadodara, Gujarat, India

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#### \*Corresponding author

Dr. Rohini Salve, M.D. (Panchkarma), Lecturer, Department of Panchkarma, Parul Institute of Ayurved, P.O.Limda, Tal. Waghodiya, Dist. Vadodara, Gujarat, India 391760 E-mail: rohinirakesh2@gmail.com

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#### ABSTRACT

This is always a point of debate that plain Go-ghrit or Siddha Go-ghrit should be used for internal snehapan before pradhan karma like Vaman or Virechan. The current study was therefore aimed to compare the efficacy of Go-ghrit and Vajrak Ghrit for Abhyantar Snehapana before the Shodhana process of Vamana. Psoriasis was selected as it is one of the most common skin lesion found extensively in all the classes of the society irrespective of the economic status. It also has a very high instance of recurrence which further increases the need for recurrent shodhan procedures to be effectively controlled. 20 patients diagnosed with Psoriasis were divided into two groups. Group A was administered Go-ghrit as snehapan while Group B was administered Vajrak Ghrit as snehapan. This was followed by shodhan by Vaman in the standard method of Dipan-pachan, Snehapan, Bahya Abhyang and Swedana, Utkleshkar Aahar, Vaman, Samsarjan karma and Pathya for 6 weeks. Patients were observed and results were documented before and after the treatment. The results clearly indicate the difference in the mode of management of Psoriasis. It also gives a fair idea about separate need of plain Go-ghrit and Siddha Go-ghrit in management of Psoriasis. The results show that Samyak Snehapan Lakshanas and Pravar shuddhi was observed predominantly in Go-ghrit while overall improvement was seen better in Vajrak Ghrit.

**Keywords:** Eka-kushtha, Psoriasis, Snehapana, Go-Ghrita, Vajraka Ghrita, Vaman

#### INTRODUCTION

A chronic dermatitis characterized by an unpredictable course of remissions and relapses and presence at typical sites of papules and plaques which are well defined, erythematous, and surmounted with large, silvery and loose scales<sup>1</sup>. Psoriasis is one of the commonest and most important inflammatory dermatitis. Nearly 1.3-2 % of the population gets affected during their lifetime. A large number of patients having skin disorders were treated at O.P.D. and I.P.D. levels in Govt. Akhandanand Ayurved College, Ahmedabad, India. Among these, maximum belong to lower middle class though it doesn't have any association with etiology. Maximum patients had dietary habits which includes Lavanyukta Khichadi and milk simultaneously. All these are factors in Samprapti Nirmiti<sup>2</sup>. The clinical observation of Eka-kushtha shows that it is a disease with frequent relapses. Thus "Shodhana" becomes the essential tool in the management. Shodhana has to be followed after proper "Purvakarma" as "Snehana" and "Swedana"<sup>3</sup>. This purvakarma has to be followed with utmost care in order to expel the humors completely from the body. In Shodhana procedure Doshas should be brought to Koshtha from Shakha<sup>4</sup>. For the study, Goghrita and Vajraka Ghrita<sup>5</sup> were selected. In the Snehapana medicated and non-medicated Snehas act differently. Deepan-Pachana plays very important role for digestion of morbid Doshas and its detachment from Srotasas. Arundatta has advised to use Pachana Dravya and Sneha both with Deepan properties<sup>6</sup>. Go-ghrita has few such properties as compared to medicated Vajraka ghrita. The aim of this research was to concentrate on Purvakarma i.e. "Snehana". Vamana has been selected amongst the Shodhana processes.

#### MATERIALS AND METHODS

##### Aims and Objectives

- To compare the efficacy of Go-ghrit and Vajrak Ghrita for Abhyantar Snehapana before the Shodhana process i.e. Vamana.
- To assess the overall effect of this procedure in the management of Psoriasis.

##### Criteria for Patient Selection

Two sets of patients as Group A and Group B comprising of 10 patients each were made which were selected randomly irrespective of sex, caste, religion and profession from the O.P.D. and I.P.D. of Govt. Akhandanand Ayurved College-Hospital, Ahmedabad, India and Govt. Shrimati Maniben Ayurved Hospital, Ahmedabad, India.

##### Inclusion

An extensive temporal profile compiled on the basis of Ayurved and modern medical science with detailed history and examination was made with the inclusion age of 16 to 70 years.

##### Exclusion

In complicated diseases like Cancer, T.B., Heart diseases, A.I.D.S. etc

##### Plan of Study

In the present work, "Group A" (Snehapan with Go-Ghrita) and "Group B" (Snehapan with Vajrak Ghrita) were formed. Informed consent was taken in advance. Any ongoing treatment for Psoriasis (Ek kushtha) was withheld during the research.

### Treatment schedule

The treatment schedule followed the sequence of,

- Deepan-Pachan (appetizer and digestive medicines)- Trikatu Choorna in a dose of 3-6 g/day in 3 divided doses was used for at least 3 days
- Abhyantar Snehapana (internal oleation) started in Vardhaman Matra<sup>7</sup> according to Koshtha and Agni (digestive power) for the period of 3-7 days
  - In group-A with -Go-Ghrita
  - In group-B with -Vajraka-Ghrita
  - For Anupana Koshnajala<sup>8</sup> (Luke warm water) was advised.
- Sarvang Abhyanga and Swedana<sup>9</sup> (whole body massage and fomentation) with Til Taila followed by Sarwang Atap Swedana, until the signs of proper Snehana<sup>10</sup> (oleation) were achieved.
- Patients were advised to have Kaphavardhaka Ahara<sup>11</sup> (Banana, curd etc) in the evening day before Vaman.
- Vaman- Given by Madanphala Pippali Choorna, Vacha Choorna, Saindhava<sup>12</sup> (4:2:1 proportion) mixed with honey in a dose of 4-8 g as per requirement of patient.
- Samsarjankrama was followed for 3-7 days as per Shuddhi<sup>13</sup> (outcome of bio-cleansing) achieved individually.
- Follow up study of 6 weeks was also done to assure the outcome of Shodhanchikitsa (bio-cleansing) and patient was asked not to take any kind of treatment for the disease. Strict Pathya-Apathya was advised.

On completion of this follow up subjects were again investigated for their blood reports (Hb g %, ESR, Serum Cholesterol, FBS, PPBS). Again photographs of the lesions were taken.

### Drugs used in the trial

All the drugs used in this study were made available by the Govt. Ayurveda Pharmacy, Rajpipala, Gujarat, India.

- **Trikatu Choorna-** Same proportion of Pippali powder (*Piper longum*), Sunthi powder (*Zinziber officinale*), and Maricha powder (*Piper nigrum*).
- **Go-ghrita-** Pure Go-Ghrita (ghee made from cow milk)
- **Vajraka-ghrita**<sup>14</sup>- Ghrita processed by equal quantity of Vasa (*Adhatoda vasica*), Patola (*Trichosanthes cocumerina*), Guduchi (*Tinospora cordifolia*), Karanja (*Pongamia glabra*), Haritaki (*Terminalia chebula*), Nimba (*Azadiracta indica*), Amalaki (*Embllica officinalis*), Asana (*Pterocarpus marsupium*), Bibhitak (*Terminalia belerica*) and Krishnavetas (*Salix caprea*). Decoction and paste prepared with the same drugs. Ghrita was prepared as per the method described in Sharangdhara Samhita<sup>15</sup>.
- **Madanphaladi yoga-** The ripened fruits of Madanphala (*Randia dumetorum*) were taken. Pippali was removed. This powder along with Vacha, Saindhav mixed with honey was used as Vaman-drug.
- **Madhuyashti Phant-** Phant (infusion) of Madhuyashti (*Glycyrrhiza glabra*) was used as Vamanopaga (medicine to induce vomiting)

### Criteria for Assessment

A detail proforma for the study were filled. 'Gradations' were given from 0 to 4/5 to each sign and symptom. These were noted before treatment, after Snehapana and after treatment. These lakshanas were Aswedana, Mahavastu, Matsyashakalopam, Kandu, Daha, Rookshata, Varna, Mandala, Pidaka and Vedana. Necessary laboratory investigations were done. Photographs of the lesions were taken before and after the treatment (Duration – 8 weeks). Table 1-3

### Criteria for Effect of Abhyantar Snehapana and over all Treatment

#### Complete Remission

100 % relief in the signs and symptoms with plain skin and significant changes in colour of the affected skin lesion

#### Marked Improvement

> 75 % relief in the signs and symptoms, with improvement in pigmentation and skin thickening.

#### Moderate Improvement

50-74 % relief in the signs and symptoms, with improvement in pigmentation and skin thickening

#### Improvement

Results between 25-50 % in signs and symptoms with slight improvement in pigmentation and skin thickening

#### No Effect

< 25 % was considered as no change.

### Statistical Analysis

Assessed in terms of Mean score, Standard Deviation, Standard Error, Paired 't' test.

- $p > 0.05$  – non significant result
- $p < 0.05$ - significant
- $p < 0.01$  and  $p < 0.001$  – Highly significant

### RESULT

Clinical study was done on 20 patients, who were randomly grouped in 2 groups i.e. Goghrita (Group A) and Vajraka Ghrita (Group B). Higher incidence of Eka-kustha was reported in age groups of 21-40 years and 41-60 years, maximum male sex (85 %), Hindu religion (85 %), urban habitat (55 %), married (90 %), middle class status (65 %), majority addicted to Tobacco chewing (40 %) with depressive and tension emotional status (75 %) each. In dietary habits, maximum patients were vegetarian (85 %), Majority preferred madhura and lavana rasa (65 % each), had guru-snigdha pradhan aahar (65 % and 60 % each) with vishamshana habit 50 %. 65 % patients had krura kosta (dominance of Vata), 100 % had regular bathing, (80 % used cold water). In 85 % patients had gradual onset of the disease, the chronicity (1-10 years) was maximum i.e. 58.82 %. Family history recorded in 10 % patients. 100 % had already taken Allopathic medicine. In nidan sevana 80 % used to have Khichadi with milk and 55 % used shita jala sevana after atapadi shram kriya and divaswap both. During treatment 65 % patients had snehapana for 7 days. Samyaka snigdha lakshanas were

found in 95 % of patients. 65 % of patients 8 vaman vega, with pravara shuddhi in 65 % patients and in 65 % of patients samsarjan krama was advised for 7 days.

**Effect of Abhyantara Snehapana on Symptomology Analysis of Signs and Symptoms and Relief in Group A (Go-ghrita)** (Table 4, 6 and 7)

In the group A, in the symptom Aswedana initial mean score was 2.3 which shredded down to 2 after Snehapana with relief of 3.04 %, not significant at  $p < 0.10$ . After the whole therapy, relief increased to 43.48 % which is highly significant at  $p < 0.01$ . For Mahavastu, effect after Snehapana was 3.70 % which is not significant at  $p < 0.1$ . After the whole therapy relief was 59.26 % which is highly significant at  $p < 0.001$ . In Scaling, effect after Snehapana was 15.15 % which is significant at  $p < 0.05$ . After the whole therapy relief was 51.52 %, highly significant at  $p < 0.001$ . In Kandu, relief was 0 % which remained as it is after Snehapana which is not significant. But after the whole treatment, overall effect was 57.58 % which is significant at  $p < 0.001$ . For Daha, after Snehapana relief was 56 %, after follow up relief remained 56 % which is highly significant at  $p < 0.01$ . In Rukshata after Snehapana relief was 65.38 % which is highly significant at  $p < 0.001$ . Overall relief after Vamana decreased to 50 % which is highly significant at  $p < 0.001$ . The symptom Pidaka had nil effect after Snehapana but after completion of treatment, relief was 55 % which is significant at  $p < 0.01$ . In Vedana, after Snehapana relief was 66.67 %, not significant at  $p < 0.1$ , post whole therapy relief was 100 %. For Varna after Snehapana, relief was 18.75 % which is significant at  $p < 0.05$ , post follow up relief increased to 53.13 % which is highly significant at  $p < 0.001$ . In Vata Dosha effect was 35.29 % after Snehapana which is highly significant at  $p < 0.001$ , post completion of course relief was 47.05 %, highly significant at  $p < 0.001$ . In Pitta Dosha Snehapana gave 64.28 % relief, which is highly significant at  $p < 0.001$ . After whole therapy 78.57 % relief was noticed which is highly significant at  $p < 0.001$ ; Kapha Dosha with relief of 27.02 % after Snehapana which is highly significant at  $p < 0.001$ , the whole therapy gave 48.65 % relief, highly significant at  $p < 0.001$ . For Auspitz's sign in Group A showed 72.22 % relief after the treatment. For Candle grease sign, Group A showed the same 72.22 % relief.

**Analysis of Signs and Symptoms and Relief in Group B (Vajraka-ghrita)** (Table 5, 6 and 7)

In the symptom Aswedana 21.74 % relief after Snehapana was found, not significant at  $p < 0.10$ . After follow up with 82.60 % relief noticed (highly significant at  $p < 0.001$ ). For Mahavastu post Snehpna relief was 7.7 % ( $p < 0.1$ ), after follow up it showed 76.92 % (which is significant at  $p < 0.01$ ) relief. The symptom Matsyashakalvat after Snehapana 24.32 % relief was gained (which is highly significant at  $p < 0.001$ ), after follow up 83.78 % relief, (Highly significant at  $p < 0.001$ ). In Kandu, Snehapana gave 55.56 % relief (highly significant at  $p < 0.001$ ). Post follow up 81.48 % relief which is highly significant at  $p < 0.001$ . Daha had 70.37

% relief after Snehapana, after Vamana, showed 100 % relief (highly significant at  $p < 0.001$ ). Rukshata had 100 % relief after Snehapana, highly significant at  $p < 0.001$ . After follow up it decreased to 62.07 % relief. In Pidika relief was 50 % after Snehapana which increased up to 94.44 % after follow up (highly significant at  $p < 0.001$ ). 100 % relief was noticed after Snehapana in Vedana, after follow up, remained to 100 % relief. In the Varna post Snehapana 43.33 % relief followed by, 76.67 % relief after the complete therapy. Vata dosha symptoms showed 47.22 % relief post Snehapana which was 75 % post follow up (highly significant at  $p < 0.001$ ). The Pitta Dushta Lakshanas showed 60 % relief. With completion of treatment 80 % relief was noticed. In Kapha Lakshanas 38.89 % relief was noticed after Snehapana. After completion of course, it showed 75 % relief (highly significant at  $p < 0.001$ ). For Auspitz's sign in Group B showed 95 % relief, where in Candle grease sign, it was 100 % after the treatment.

**The Comparative Study of Efficacy of Go-ghrita and Vajrakahrita**

After Snehapana in Group A, no subjects attained marked improvement. Moderate improvement was observed in 1 patient i.e. 10 % where as mild improvement was observed in 3 patients i.e. 30 %. No response was found in 6 patients. In Group A, after completion of the whole treatment, no subject attained marked improvement. Moderate improvement was found in 6 patients i.e. 60 % whereas; Mild improvement was observed in 4 patients i.e. 40 %. In Group B, after Snehapana marked improvement was noticed in 0 patients. Moderate improvement in 3 patients' i.e. 30 %. Mild Improvement was noticed in 7 patients' i.e. 70 %. After completion of the whole treatment in Group B, marked Improvement was noticed in 8 patients with 80 % relief, Moderate improvement in 2 patients with 20 % relief. Mild Improvement with 0 % relief was noticed in 0 patients.

**DISCUSSION**

The exact etiology of psoriasis is unknown but many patients gave family history. In the disease the life span of the cells present in epidermis reduces to 4-5 days from 28 days causing excess shading of corneocytes from surface<sup>16</sup>. The lesions are surmounted with silvery, white, loose and lamellar scales (Matsyashakalvat) due the presence of air trapped between them. The lesions vary from a few mm. to very extensive plaques (Mahavastu). The psoriatic plaque can be likened to a brick wall badly built by a workman in too much of a hurry, it may be high but it is easily knocked down. In Eka-kushtha, Aswedana, Mahavastu, Matsya-Shakalvat Tvakdalan are cardinal signs<sup>17</sup>. Here Aswedana Lakshan is found at the lesions only; obstruction in Swedavaha Srotas might be a probable reason. Increase in the Rooksha Guna of Vata causes 'Samkoch' and accumulation of the material circulating in the Srotas.

**Table 1: Grades of Assessment**

Grades	Aswedana	Mahavastu	Matsya shakalvat	Daha
0	Normal	No lesions	Grade	Absent
1	Mild sweating	Lesion on partial parts of hand, leg, neck, scalp, back	No scaling	Occasional
2	Mild sweating after exercise	Lesion on most parts of hand, leg, neck, scalp, back	Mild scaling by rubbing or itching from some lesions	Frequent Daha
3	No sweating after exercise	Lesion on whole parts of hand, leg, neck, scalp, back	Moderate scaling by rubbing or itching from some lesions	After itching started
4	Aswedana	Whole body	Severe scaling by rubbing or itching from some lesions	Continuous Daha

**Table 2: Grades of Assessment**

Grades	Rukshata	Varna	Pidaka
0	Normal skin	Normal discoloration	Absent
1	Slightly dry skin	Slight discoloration	Disappears but discoloration persists
2	Excessively dry skin	Reddish discoloration	Pidaka in <5 sq.cms. in whole of the affected area
3	Lichenified skin	Slight reddish black discoloration	Pidaka in between 5-10 sq.cms. in whole affected area
4	Bleeding through the skin	Black discoloration	Many or uncountable Pidaka in whole of the affected area

**Table 3: Grades of Assessment**

Grades	Kandu	Vedana	Auspitz's sign
0	No itching	Absent	Absent
1	Occasional itching	Mild	Improving
2	Frequent but tolerable itching	Moderate	Present
3	Very severe itching disturbing sleep and day to day activity	Severe	-

**Table 4: Statistical Analysis in Group A (Snehapana with Go ghrita)**

Sign and Symptom	BT	AS	D	% relief	S.D.	S.E.	T	P
Aswedana	2.3	2	0.3	13.04	0.48	0.15	1.96	P<0.1
Mahavastu	2.7	2.6	0.1	3.70	0.32	0.1	1	<0.1
Matsyashakalvat	3.3	2.8	0.5	15.15	0.53	0.17	3	<0.05
Kandu	3.3	3.3	0	0	1.05	0.33	0	-
Daha	2.5	1.1	1.4	56	0.97	0.31	4.58	<0.01
Rukshata	2.6	0.9	1.7	65.38	0.67	0.21	7.96	<0.001
Pidika	2	2	0	0	0.82	0.26	0	-
Vedana	0.6	0.2	0.4	66.67	0.84	0.27	1.5	<0.1
Varna	3.2	2.6	0.6	18.75	0.70	0.22	2.71	<0.05
Dosha-Dushti (Vata)	3.4	2.2	35.29	0.63	0.2	6	<0.001	3.4
Dosha-Dushti (Pitta)	1.4	0.5	64.28	0.32	0.1	9	<0.001	1.4
Dosha-Dushti (Kapha)	3.7	2.7	27.02	0.47	0.15	6.71	<0.001	3.7

BT – Before Treatment; AS – After Snehapana

**Table 5: Statistical Analysis in Group B (Snehapana with Vajraka ghrita)**

Sign and Symptom	BT	AS	D	% relief	S.D.	S.E.	T	P
Aswedana	2.3	1.8	0.5	21.74	0.53	0.17	3	P<0.1
Mahavastu	2.6	2.4	0.2	7.7	0.42	0.13	1.5	<0.1
Matsyashakalvat	3.7	2.8	0.9	24.32	0.57	0.18	5.01	<0.001
Kandu	2.7	1.2	1.5	55.56	0.97	0.31	4.88	<0.001
Daha	2.7	0.8	1.9	70.37	0.86	0.28	6.86	<0.001
Rukshata	2.9	0	2.9	100	0.57	0.18	16.16	<0.001
Pidika	1.8	0.9	0.9	50	0.74	0.23	3.86	<0.01
Vedana	0.1	0	0.1	100	0.32	0.1	1	<0.1
Varna	3	1.7	1.3	43.33	0.82	0.26	4.99	<0.001
Dosha-Dushti (Vata)	3.6	1.9	47.22	0.48	0.15	11.12	<0.001	3.6
Dosha-Dushti (Pitta)	1.5	0.6	60	0.57	0.18	5.01	<0.001	1.5
Dosha-Dushti (Kapha)	3.6	2.2	38.89	0.70	0.22	6.33	<0.001	3.6

BT – Before Treatment; AS – After Snehapana

**Table 6: Overall Effect of Snehapana**

Improvement	Group A		Group B	
	No. of patients	%	No. of patients	%
Marked (> 75 %)	-	-	-	-
Moderate (51-75 %)	1	30	3	30
Mild (25-50 %)	3	70	7	70
No response (<25 %)	6	-	-	-

**Table 7: Overall Effect of Therapy**

Improvement	Group A		Group B	
	No. of patients	%	No. of patients	%
Marked (>75 %)	-	-	8	80
Moderate (51-75 %)	6	60	2	20
Mild (25-50 %)	4	40	-	-
No response (<25 %)	-	-	-	-

While increase in the Guru and Picchila Gunas of Kapha cause such morbid material to be lodged in the Srotas causing the sign of 'Sang' resulting in Aswedana at sites, more and more Kleda is accumulated in the body invading a very large area of the body (Mahavastu). Vayu performs the main function of cell division in the body (Vayum Vibhajate<sup>18</sup>). Whenever this function is altered, this division of cells becomes improper i.e. either less or more which ultimately leads to 'Twakadalan'. In any Shodhana procedure, Dosha-Utkleshana is most important thing which is achieved only with proper Abhyantar Snehapana. In case of Goghrita with Sukshma, Anabhishtandi properties, it reaches in the minute channels. With Madhura Rasa and Vipaka, Snigdha, Sheeta Virya, it causes vitiation in already morbid Doshas (Vridhhi Samanaih Sarvesham) along with Vayu control (Nigrahan). As Dosha, always flow from higher to the lower concentration, they go back to Koshttha through Srotas. After analyzing the Rasadi- Panchaka of Vajraka Ghrita it was found that this Sidhha Ghrita has dominant Tikta, Katu, Kashaya Rasa, Laghu and Rooksha Guna, Ushna Virya, Katu Vipaka. It acts mainly for Kapha and Vata Dosha. So along with causing elevation (Vridhhi) of Doshas, it shows symptomatic relief during Snehapana too which was absent in Group-A. After Snehapana in both Groups Vaman was carried out with Madanphala which causes expulsion of vitiated Doshas from Amashaya<sup>19</sup>. In Group A (Go-Ghrita), all the patients i.e. 10/10 achieved Samyak Snigdha Lakshanas among them five patients required 7 days to achieve this, 13-66 % relief was found in the Vyadhi symptoms just after Snehapana completion. During Vamana process, Pravara Shudhhi was noted in 7 patients and Madhyama Shudhhi in 3. In Group B (Vajrak Ghrita) 9/10 patients achieved Samyaka Snigdha Lakshanas, among them 8 patients required Snehapana for 7 days, 21 to 70 % relief was found in Vyadhi symptoms just finishing Snehapana. In vedana relief was 100 %. During Vaman, Pravara Shudhi was observed in 6 patients and Madhyama in 4 patients. All these improvements were proved statistically.

#### Probable mode of Action

In Eka-kushtha typical sites of papules and plaques which are- well defined, erythematous, and surmounted with large, silvery and loose scales are found. Being a type of Kushtha, the dominant Dosha (morbid matter) is Kapha and Dushya (target tissue) is Tvak (skin). Deepana-Pachana is a mandatory and special procedure before 'Abhyantar Snehapana'. It is essential for Ama-Pachana. As Sneha has to spread all over the body in order to bring Doshas back from Shakha to the Koshttha. It increases the digestive power which is essential for digestion of Sneha Dravyas. Here Trikatu Churna is effective for both Amapachana and Kushthaghna. To treat any disease, treatment should be given from cellular level. To facilitate the drug or its pharmacological properties to get into the cell, a carrier should be used. Cell membrane has a free passage for lipids and lipid soluble substances. Ghrita has been mentioned as best Sneha (unctuous substance) in Ayurveda because of its Yogavahitva property 20 (quality to acquire properties of other substances). It has greater bioavailability than any other Sneha. Here Sneha causes

Vridhhi and Abhishtandi Karma leading all the Doshas from Shakha to Koshttha. Also Sneha has Anilhara property; it gives proper gati to Vayu (nigrahana). The vitiated vayu causes lodging of vitiated Doshas in the skin (Tvacha) and gives symptoms of Mahavastu, Matsyashakalvat scaling. The drugs present in the Vajraka Ghrita helps to relief in the symptom along with Dosha-Utklesha during Snehapana. Madanphala Pippali is used for Vaman. Due to its Anpayitvat property, it induces Vaman Vega with ease and without side effects. Vacha, Saindhava, Madhu helps to fasten the procedure.

#### CONCLUSION

It can be summarized that both Go-Ghrita and Vajraka Ghrita are useful for Snehapana prior to Vaman. In any Avastha (stage) of Kushtha, Samshodhana is the choice of treatment. Above study plan showed that in case of Samyak-Snigdha Lakshanas requirement of Go-Ghrita is less as compare to Vajraka Ghrita that means Go-ghrita produces such Lakshanas better. But after Snehapana % of relief in vyadhi lakshanas is better with Vajraka Ghrita than Go-Ghrita. After the overall treatment i.e. Vamana, Samsarjana Krama and follow up for next 6 weeks, results were better found in the patients with Vajraka Ghrita. It can be concluded that Vamana was effective in both groups but Abhyantar Snehapana with Vajraka Ghrita shows better result.

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