



## EVIDENCE BASED RESULTS OF THE AYURVEDA: NEED OF THE HOUR

**Bansode Sheetal**

Assistant Professor, Swasthavritta Dept, Shri Dhanwanteri PG Ayurved Medical College Hospital and Research Centre, Semri, Mathura, Uttar Pradesh, India

**Corresponding Author:** [sheetalbansode8040@gmail.com](mailto:sheetalbansode8040@gmail.com)

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## ABSTRACT

Ayurveda is the science of living being. It begins with right lifestyle including daily and seasonal health regime designed for each individual based upon their nature, constitution, environment and life circumstances. *Madhumeha* is the subtype of *Prameha*. Due to resemblance of the feature of *Madhumeha* with that of DM explained in modern medicine, it is correlated with DM. According to WHO approximately 220 million people worldwide have type 2 diabetes mellitus. It is widely recognized that stress may have negative effects on health and that patients with type 2 diabetes may be at an increased risk. Yoga is an ancient Indian psychological and physical exercise regime and a number of controlled studies exist on the effectiveness of yoga on diabetes mellitus. Yogic practices strengthen and increase the tone of weak muscles and help with conscious control over autonomic function of the body. So, the present study on the role of *Yogaabhyas* as a lifestyle modification in *Madhumeha*.

**Keywords:** *Madhumeha*, type 2 diabetes, asana in diabetes

## INTRODUCTION

Skin is an important and most visible organ of our body. Any disease related to skin can create physical as well as psychological problems in an individual. Common psychological problems associated with skin

disease include feelings of stress, anxiety, anger, depression, shame, social isolation, low self-esteem and embarrassment. Skin diseases are mostly caused by infections like bacteria, fungi etc. Tinea infections contributes about 10-20 % of overall skin diseases. Pityriasis versicolor is a common fungal infection. Pityriasis means a type of fine skin scaling and versicolor means changing color. This starts as small pale patches and usually appears on back, chest, neck or upper arms and sometimes on abdomen and thighs. Occasionally it may affect face. Pityriasis versicolor can be correlated with *Sidhma Kusta*. In Ayurveda, Charaka and Madhava described clinical features of *Sidhma Kusta* that are whitish, reddish or coppery color lesions in the skin, appearing in large numbers with mild itching and pain, scales falling off when rubbing and resembling the flower of ash gourd. There is a wide and extensive description of skin diseases in Ayurveda. Under the heading of *Kustha Roga*, different skin related disorders have been explained in Ayurveda treatises. *Kustha* is also considered as one of the eight *Mahagada* (dreadful diseases) there are eighteen types of *Kustha Roga* which are classified in to *Maha Kustha* (major skin ailments) and *Ksudra Kustha* (minor skin ailments). Normal skin maintains an interrelated integrity & it is the purpose of this research work to study in detail some deviations from that integrity through clinical point of view

### Hypothesis

#### Research Question

Does Ayurvedic *Shodhan & Sthanik Karma* really effective in the management of *Siddhma Kusta* (Ptyriasis versicolor)?

1. Dependent variable: *Siddhma Kusta* (Ptyriasis versicolor)
2. Independent variable: *Shodhan & Sthanik Karma*

**Null hypothesis H0:** *Shodhan & Sthanik Karma* is not effective in *Siddhma Kusta* (Ptyriasis versicolour)

**Alternative hypothesis H1:** *Shodhan & stannic karma* is effective in *Siddhma Kusta* (Ptyriasis versicolour).

### Aim and Objectives

1. To study effect & mode of action of *Shodhan & Sthanik Karma* in *Siddhma Kusta* (Ptyriasis versicolor).
2. To study and observe correct indication for effect of *Shodhan & Sthanik Karma* in *Siddhma Kusta* (Ptyriasis versicolour).

### Case study-

A 28 years old female patient, who attended the Outdoor Patients Department of Shri Dhanwanteri Ayurvedic medical college & research hospital Mathura for treatment of *Sidhma Kusta* (pityriasis versicolor) was selected for the study and admitted in the Panchakarma ward. She had white patches in the skin with mild itching and intermittent scaling when rubbing, since six months. This starts as small pale patches on back, chest, neck and after that it's on face. Patient was clinically thoroughly examined. Severities of the clinical features were recorded before and after treatment using a specially prepared grading scale and camera picture. Grading scale is given below

1) Whitish skin (Shwetham)

Nil =0 = Normal skin

Mild = 1 =slightly whitish skin

Moderate =2 = mildly whitish skin

Severe = 3 = moderately whitish skin

More Severe =4 = White skin

2) Scales fall off when rubbing (Rajah Vimuchchati)

Nil =0 = No scaling

Mild = 1 =Occasional scaling

Moderate =2 = Intermittent scaling

Severe = 3 = Frequent scaling

More Severe =4 = Always scaling and disturb sleep

3) Mild itching (AlpaKandu)

Nil =0 = No itching

Mild = 1 = Occasional itching

Moderate =2 = Intermittent itching

Severe = 3 = Frequent itching

More Severe =4 = Always.

4) Roughness (Parusha)

Nil =0 = No roughness

Mild = 1 =Very slight roughness

Moderate =2 = Mild roughness

Severe = 3 = Moderate roughness

More Severe =4 =Feel like a sandpaper to touch

### Material and Method –

**Material-***Vaman Karma* and *Jalokawcharan*

**Method-:** All *Panchkarma* procedure done as per described in *Samhita*. As this is single case study there is no involvement of ethics committee. I give proper information of procedure to patient.

**Consent:** Informed consent was taken prior to case study.

### Investigations:

- Routine hematological and urine investigations were carried out and findings were not of any pathological significance.
- Mobile camera image of the *Siddhma* before and after treatment were take

### Treatment Protocol-

I examined thoroughly before planning the treatment and other features like spreading nature of the disease were ruled out. The complete history and previous treatment were collected and studied. By examination we found only scaly lesion as a *Sidhma Kusta*, which is one among the *Maha Kusta*, which can be treated by *Vaman Karma*, *Virechan Karma* or *Raktamoshana*. Before *Vamana*, she was instructed about *Snehapana*, *Svedana*, Dietary regime, administration of *Vamana* and *Vamanopaga* drugs also informed about the whole procedure & its benefits which will encourage patient. Dietary and lifestyle modifications- Patient is advised to avoid incompatible food items, junk/fast food, excessive oily-salty-spicy food. Patient is advised to avoid day-time sleep. Patient is suggested to maintain personal hygiene

Procedure: Hence, prior to *Snehapana*, *Pachana Karma* should be carried out. *Amapachanna* with *Chitrakadi vati* 2 tablets bd with *Panchakolachurna* 3gm at night with hot water for 3days

- After *Pachana*, *Snehapana* started by *Panchtik-tak ghrīt* (started from 30ml & 280ml on end day of *snehapana*).
- *Snehana AND Svedana- Abhayana* should be done along with *Svedana* for two or three days with *Marichadi Tail*.

**Table 1:** Percentage of reduction of symptoms:

After *Abhyanga* and *Swedana*, in the morning at 6.00 am, patient was given *Vamana* drugs after a glass of *Vamanopaga* drug. Then *Vamanopaga* drug is administered after each *Vega*, till *pitta* comes out. Were suggesting that *Vamana* had come to end, a glass or two, full of *Lavanodaka* (water mixed with Rock salt) were served to end the process. After finishing the Procedure, allowed to rest for 3-5 minutes. *Dhumapana* was done with specially made *Vartti*

- *Sansarjana:* in the present study the *Shuddhi* was *Avara Shuddhi* so The *Sansarjana Karma* was for 7 days to be planned.

After the treatment procedure we advised the patient to follow-up after 7days and on examination we observed white patches with mild itching on the skin was 50% reduced within 15 days. *Pathaya* and diet were followed regularly. Now it was time for next 50%. *Jaloukavacharan* was advised.

**Jaloukavacharan procedure-**The patient should be made to sit or lie down and the desired site should be cleaned with water but not with soap. The leeches should be hold at its neck with small, white, wet cloth, gauze or cotton, applied directly to the affected part. After application of *Jalouka*, their body should be covered with a piece of thin and wet linen or with a piece of white cotton. The leech when starts sucking the blood, elevates its neck assuming the shape of a horseshoe. After falling off, the leeches should be made to vomit. This is carried out by applying turmeric powder at their mouths. The site should be cleaned with normal saline and sprinkling turmeric powder to the bleeding site with slight pressure for 3min. then the leeches should be put into a new bottle. The leech should be applied once in a week.

## RESULTS AND DISCUSSION

After completion of entire treatment symptoms such as whiteness and roughness in the skin, itching and falling of scales were completely relieved.

Symptoms	Before treatment	After treatment			
		After Vamankarma		After Jaloukavacharan	
	Grade	Grade	Percentage of relief	Grade	Percentage of relief
Whitish skin ( <i>Shwetham</i> )	Grade2	Grade1	50%	Grade0	100%
Roughness ( <i>Parusha</i> )	Grade2	Grade1	50%	Grade0	100%
Mild itching ( <i>Alpakandu</i> )	Grade2	Grade1	50%	Grade0	100%
Scales fall off when rubbing	Grade2	Grade1	50%	Grade0	100%

**Before The Treatment**



**After The Treatment**



The whole treatment procedure was planned according to sign and symptoms mainly focusing on local and systemic pathological changes as we started *Vamankarma* and *Sthanic Jaloukavacharan*. *Sidhma* is a type of *Kusta* (Skin diseases) having *Tridosha Prakopa*, *Pradhana Raktadushti* and *Chirakari* manifestation. For excess vitiated *Dosha*, *Shodhana* is must. The role of *Vamana* in *Kaphaja Kusta*, *Rak-*

*tamokshana* and *Virechana* in *Pittaja Kusta* is highly acclaimed as the best remedies by the classics. *Sidhma Kusta* occurs by vitiation of *Vata* and *Kapha Dosha*. Ancient sages have prescribed *Vamana Karma* as one of the therapeutic measures in treatment of *Kusta* including *Sidhma Kusta* (pytriasis versicolor). *Vamana Karma* helps to eliminate vitiated *Dosha* through *Urdhavabhaga* especially *Kapha Dosha* and also

*Pitta Dosha*. This therapy alleviates vitiated *Vata Dosha*. Therefore, *Vamana Karma* is beneficial in *Sidhma Kusta*. *Sushruta* has given great emphasis to *Jalaukavacharana* in the therapy for *Raktapradoshaja Vyadhi*. A medicinal leech can once bite, victims can bleed for hours, allowing oxygenated blood to enter the wound area until vein re-grows and regain circulation. Moreover, regeneration of new vessels with pure blood circulation at the site of lesion, may clean up the real skin layer and so derangement of lesion, discoloration of skin, *Kharata*, *Rukshata* may reduce. This action may be due to effect of saliva of Leech which containing enzymes like Hirudin which works as anti-coagulant & diuretics, antibiotic action,

## CONCLUSION

The present case study concludes that *Kusta* with predominant *Kapha-Pitta* are described as *Krichhasadhya*, therefore dietary, lifestyle and hygienic amelioration along with ayurvedic treatment is essential in the management as well as prevention from its recurrence of *Sidhma Kusta*.

Due to easy, instant result, no need of internal medicine, safest, less chances of recurrence, *Jaloukavacharna* is one of the best choices for treatment. In present study as per the clinical data, "*Vamana* and *Jalaukavacharana* definitely effective, but *Jalaukavacharana* is more effective than *Vamana Karma*

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