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TO EVALUATE THE PHARMACOLOGICAL EFFICACY OF TWO VARIETIES OF KUTAJA (*HOLARRHENA ANTIDYSENTERICA*. WALL. & *WRIGHTIA TINCTORIA* R. BR.) IN COMPARISON WITH STANDARD DRUG MADANAPHALA (*CATUNAREGAM SPINOSA* (THUNB.) IN THE MANAGEMENT OF PSORIASIS

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ABSTRACT

This **randomized controlled prospective** single-blind clinical study evaluated the efficacy of **Sadyo Vamana Karma** using three **Vamakadravyas** - Wrightia tinctoria (Roxb.), Holarrhena antidysenterica (L.) Wall, and Catunaregam spinose (Thumb) - in treating Kitibha Kusṭa (Psoriasis). 45 patients were divided into three groups and treated with Sadyo Vamana Karma followed by Shamana Cikitsa for 30 days. Results showed that Catunaregam spinose (Thumb) induced Vamana faster (6.5 min) with better quality of first Vega (46.66% self-induced and projectile). Wrightia tinctoria (Roxb.) induced more Vega (5.4 avg.) with better Vaigiki Śuddhi. All three groups showed significant improvements in psoriasis symptoms, with Wrightia tinctoria (Roxb.) showing notable reductions in ŚyāvaVarṇa ($P < 0.0001$) and PASI Score ($P < 0.0001$). The study concludes that Catunaregam spinose (Thumb) and Wrightia tinctoria (Roxb.) are effective in inducing Vamana Karma, while Wrightia tinctoria (Roxb.) is more effective in treating psoriasis symptoms.

KEYWORDS: Sadyo Vamana Karma, Kitibha Kusṭa, Psoriasis, Wrightia tinctoria, Holarrhena antidysenterica, Catunaregam spinose, Vamakadravya.

1. INTRODUCTION

Sadyo-Śodhana is an emergency Śodhana treatment where purification is intense and doesn't follow standard procedures. It's used when Doṣās are in Koṣṭha or moving there, often needing little or no Snehan-Swedan. Unlike regular Śodhana, it doesn't follow general rules and is used to quickly combat the condition. Sadyo Vamana can be done in the afternoon or night, and typically doesn't need Snehana and Svedana since Doṣās are already in Utkṛṣṭa stage. Though the term is n't explicitly mentioned in classics, Caraka's Vamana procedure in Śvāsaroga is similar and can be considered Sadyo Vamana.

Details of study

Type of Research work- Randomized, controlled, prospective, single blind clinical study

Sample size– 45 patients.

Selection of patients

INCLUSION CRITERIA

1. Age group of 18-60 years.
2. Patients with signs and symptoms of Kiṭibha Kuṣṭa (Psoriasis).
3. Patients who are eligible for Vamana karma.

EXCLUSION CRITERIA

1. Patients below the age of 18 years and above the age of 60 years.
2. Children and pregnant women.
3. Emaciated and Weak patients.
4. Severe systemic disorders.
5. Other skin disorder and malignancies which require acute management.

2. MATERIALS AND METHODS

45 patients from OPD of S.V. Āyurvedic College and Hospital, T.T.D, Tirupati, satisfying the inclusion criteria, were selected. All patients were interrogated and required clinical and laboratory investigations were done before treatment. The trial drug was given for one day followed by shamana cikitsa for 30 days.

Groups	No. of Patients	Drug	Dosage
Group-A	15	*Wrightia tinctoria*(Roxb.) R.Br	Antarnakhamusti Parimāṇa (2.4g)

Group-B	15	*Holarrhena antidysenterica*(L.)Wall.	Antarnakhamusti Parimāṇa (2.5g)
Group-C	15	*Catunaregam spinose*(Thumb)	Antarnakhamusti Parimāṇa (2.4g)

CLNICAL PLAN OF STUDY

Duration of treatment: one day

SadyoVamana Karma – 1 day

CLINICAL ASSESSMENT

Before treatment – 0th day

After SadyoVamana karma – 1 days

Śamana cikitsā - 30 Days

FOLLOW UP: After one month of treatment – 30th days

Administration of Vamanopaga drugs: Patient drinks Vamanopaga drugs like milk, Glycyrrhiza decoction till stomach's full.

Dose of Vamana Yoga: The Doṣāges of all Saṃśodhana Dravyas depend upon individual. It should be in Antarnakhamusti Parimāṇa of patient.

Supportive Dravya: Madhu and Saindhavalavaṇa are to be for Liquifying and disintegrating the Kapha doṣa. (if necessary vacha is taken)

Observations during Vamana Karma: During Vamana, monitor the patient for 48 minutes (Muhūrta) post drug administration. Observe symptoms to gauge Doṣās' activity and bodily changes. (Ch. Su 15/ 11).

3. Observations related to Sadyo VamanaKarma

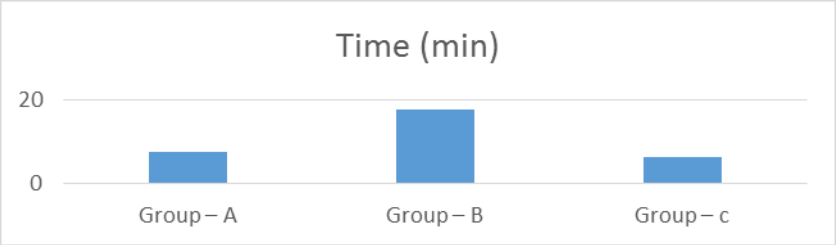
3.1. Average Dose of Sadyo Vamaka Dravya

Table No: 21 Average quantity of Vamaka Dravya given to the 45 patients

Group – A	Group – B	Group – C
Strīkuṭaja	Puṃkuṭaja	Madanaphala
2.4 grams	2.5grams	2.4grams

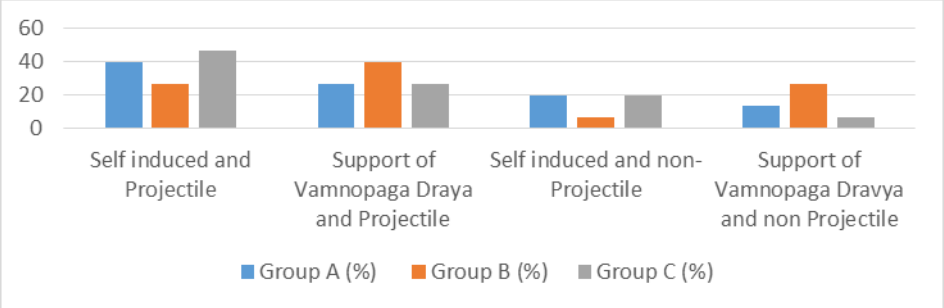
3.2. Average time taken for the induction of First Vega

Time of First Vega: 7.5 min (Avg.) time was taken for induction of first Vega in Group A, while it was 17.5min (Avg.) in Group B and while it was 6.5min (Avg.) in Group B.



3.3. Quality of First Vega

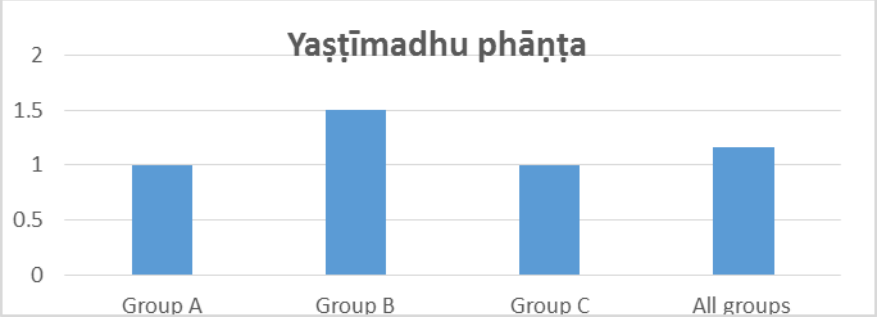
Quality of First Vega: After giving Vamana dravya, Self-induced and Projectile Vega was observed in 40%, 26.66% of patients and 46.66% Group A, Group B and group C Respectively, with the Support of Vamanopaga and non-Projectile Vega was observed in 13.33%, 26.66 and 6.66% of patients in the three group respectively. Others are as mentioned in above table.



3.4. Average Quantity of Akantapana (Milk): 2 lit

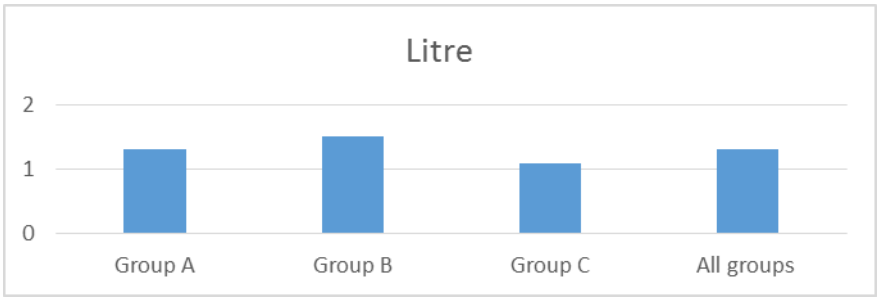
3.5. Average quantity of Yaṣṭīmadhuphāṇṭa

Yaṣṭīmadhuphāṇṭa: Average quantity of YaṣṭimadhuPhānṭa was 1 lit, 1.5 lit and 1 lit in group A, group B and group C respectively.



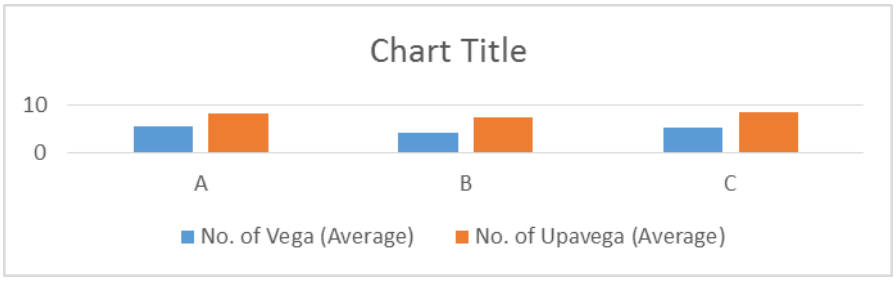
3.6. Average quantity of Saindhava Jāla

Saindhava jāla: Average quantity of Saindhavajālawas 1.3lit. in all the groups.



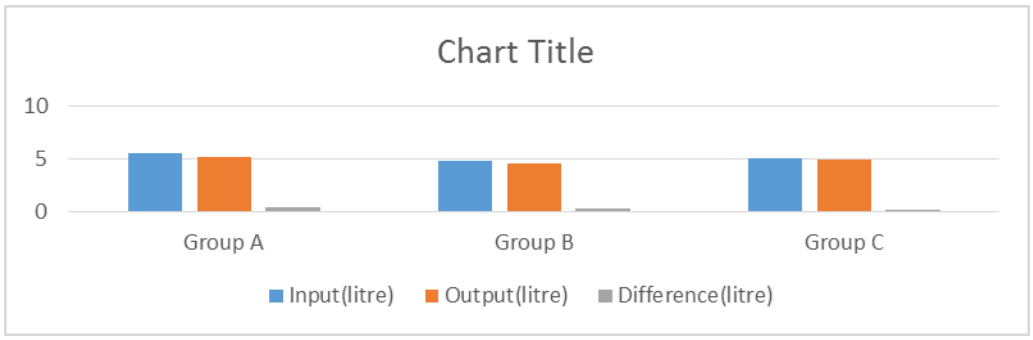
3.7. Average number of Vega and Upavega (vaigiki)

Vega and Upavega: Average number of Vega was 5.4 in Group A, while it was 4.2 in Group B and 5.3 in group c. Average number of Upavega was 8.06 in Group A, while it was 7.26 in Group B and 8.53 in Group C.



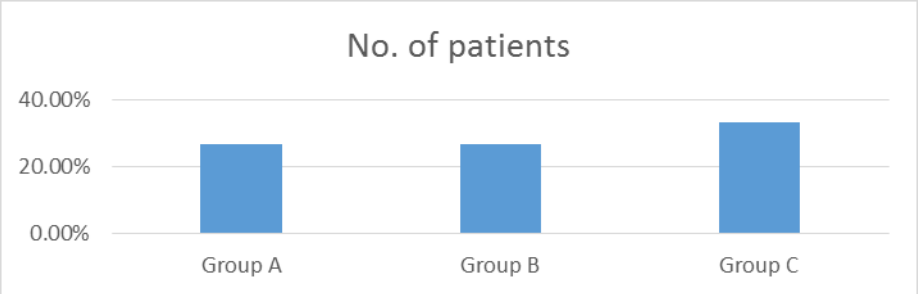
3.8. Average quantity of total input and output

Total input and output: Difference of average quantity of output and input was 0.33lit. in Group A, while it was 0.26 lit. in Group B and 0.06 lit. in Group C.



3.9. Pittānta Vamana observed (Antiki)

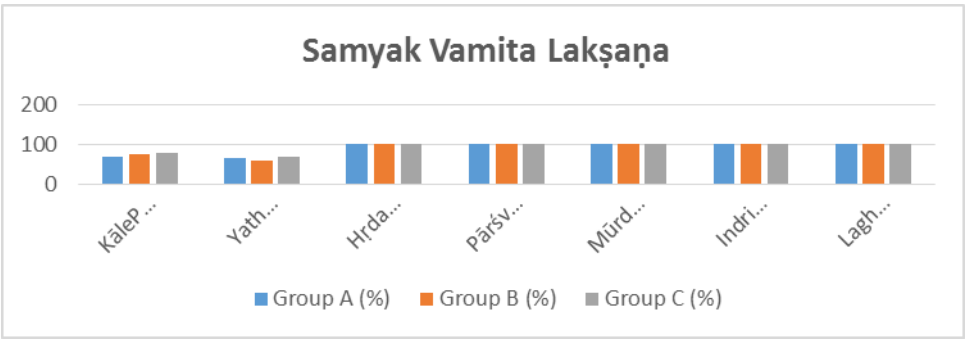
Pittānta Vamana: Clear Pitta was appeared in 26.66% of patients in Group A, while in 26.66% of patients in Group B and it was 33.33% in Group C.



4. Observations related to Sadyovamana Karma

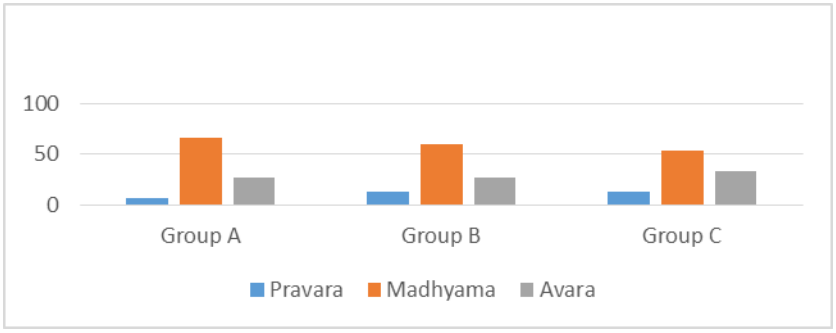
4.1 Distribution of patients according to Samyak VamitaLakṣaṇa (Laingiki)

Samyak Vamita Lakṣana: KālePravṛtti was observed in 70% of patients in Group A, while it was 75% in Group B and it was 80% in Group C. YathākramātDōṣadarśana was observed in 65% of patients in Group A, while it was 60% in Group Band it was 70% in Group C.



4.2.Vamana Śuddhi wise distribution

Pravara Śuddhi was observed in 6.66% of patients in Group A, while itwas 13.66% in Group B and while it was 13.33%. Madhyama Śuddhi was observed in 66.66% of patients in Group A, while it was 60% in Group B and while it was 60%in group C. Avara Śuddhi was observed in 26.66% of patients in Group A, it was 26.66% in.



Group B and while it was 33.33%in group C.

5. DISCUSSION

1. **The study compared the efficacy of Strī kuṭajabījā cūrṇa, Puṃ kuṭajabījā cūrṇa, and Madanaphala cūrṇa in inducing Vamana Karma.**

- ***Catunaregam spinose*** (Thumb) (Group C) induced **Vamana faster** (6.5 min) with **better quality of first Vega** (46.66% self-induced and projectile).
- ***Wrightia tinctoria*** (Roxb.) R.Br (Group A) induced **more Vega** (5.4 avg.) with better Vaigiki Śuddhi.
- ***Holarrhena antidysenterica*** (L.)Wall. (Group B) required **more Saindhavajala and YaṣṭīmadhuPhānṭa.** (Vamanopaha dravya)
- **Māniki śuddhi index** was highest in **Group A** (6), indicating **better purification.**
- **Both Kutaja varieties** achieved **Madhyama Vamana śuddhi**.

INFERENCE

- ***Catunaregam spinose***(Thumb) is more potent in inducing Vamana with better quality of first Vega.
- *Wrighti atinctoria* (Roxb.) R.Br is more effective in inducing Vaigiki Śuddhi.
- *Holarrhena antidysenterica*(L.)Wall.requires more **adjuvant**s for effective Vamana.

CONCLUSION

The study suggests that ***Catunaregam spinose*** **(Thumb) and *Wrightia tinctoria* (Roxb.) R.Br** are more effective in inducing Vamana Karma, while *Holarrhena antidysenterica* (L.) Wall. May require more adjuvants. The choice of Vamakadravya depends on individual patient needs and constitution. *Catunaregam spinose* (Thumb) showed faster and more effective Vamana, while *Wrightia tinctoria*(Roxb.) R.Br. had better VaigikiŚuddhi and Mānikiśuddhi index.

2. **The study evaluated the efficacy of Strī kuṭajabījā cūrṇa, Puṃ kuṭajabījā cūrṇa, and Madanaphalacūrṇa in treating psoriasis symptoms.** Here's a summary of the results

- All three groups showed significant improvements in symptoms like ŚyāvaVarṇa, Kiṇakharasparśa, Paruṣam, kaṇḍu, Dāha, and Utsannāta.
- ***Wrightia tinctoria* (Roxb.) R.Br.** (Group A) showed significant improvements in most symptoms, with notable reductions in ŚyāvaVarṇa ($P < 0.0001$) and PASI Score ($P < 0.0001$).

- ***Catunaregam spinose* (Thumb)** (Group C) showed significant improvements in symptoms like Dāha (P = 0.0009) and PASI Score (P = 0.0012).
- ***Holarrhena antidysenterica** (L.) Wall*. (Group B) showed moderate improvements in symptoms.

INFERENCE

- *Wrightia tinctoria* (Roxb.) R.Br. is more effective in treating psoriasis symptoms, particularly ŚyāvaVarṇa and PASI Score.
- *Catunaregam spinose*(Thumb) is effective in reducing Dāha and PASI Score.
- *Holarrhena antidysenterica (L.) Wall*. shows moderate improvements in symptoms.

6. CONCLUSION

All three Vamakadravyas (Strī kuṭajabījā cūrṇa, Puṃ kuṭajabījā cūrṇa, and Madanaphalaare effective in treating psoriasis symptoms. shows more significant improvements in most symptoms, ***Wrightia tinctoria* (Roxb.) R.Br. making it a potential treatment option for psoriasis.**

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