Clinical Research

Comparative effect of Navayasa Rasayana Leha and Medhya Rasayana tablet along with Dhatryadhyo Lepa in Ekkakushta (psoriasis)

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ABSTRACT

All skin diseases can be included under the umbrella of Kushta Roga. Ekkakushta is a variety of Kshudra Kushta with dominancy of Vata and Kapha Doshas. It is characterized by symptoms like- Aswedanam, Mahavastum, Matsyashakalopamam, etc., these characteristic features has a striking similarity with Psoriasis. It is a papulosquamous disorder of the skin, characterized by sharply defined erythematous squamous lesion. Due to its chronic and recurrent nature, it has a great impact on the quality of life of the patients. The present study was aimed to compare the effect of Navayasa Rasayana Leha and Medhya Rasayana tablet along with Dhatryadhyo Lepa in patients of Ekkakushta (psoriasis). For this study, the selected patients were randomly divided into two groups. Koshtha Shuddhi was done by Eranda Bruhstha Haritaki (6 g-at night with Ushnodaka) in patients of both the groups for 3 days before starting the treatment. Total 111 patients were selected for present study. Patients of group A (45 patients) were given “Navayasa Rasayana Leha” and “Dhatryadhyo Lepa” for external application. Stress is a very well known precipitating factor of Psoriasis. Hence, to study the efficacy of Medhya Rasayana drugs, patients of group B (49 patients) were given Medhya Rasayana tablet along with the external application of Dhatryadhyo Lepa. The duration of the study was 3 months with follow up for one month. Both the groups showed highly significant results in all signs, symptoms and other parameters. Navayasa Rasayana Leha and Medhya Rasayana tablet along with Dhatryadhyo Lepa can be used effectively for the treatment of Ekkakushta.

Key words: Ekkakushta, Psoriasis, Navayasa Rasayana Leha, Dhatryadhyo Lepa, Medhya Rasayana tablet

INTRODUCTION

The nature of Kushta roga is described by Acharya Charaka by the term- “Dirgharoga”¹ (chronic disease). Its importance also lies in the fact that it is considered as one among the eight Mahagadas by Acharya Sushruta² and Vagbhatta. Ekkakushta can be correlated with Psoriasis due to its characteristic features like Matsyashakalopamam (Silvery fish like scale), Mahavastum (extensive surface area involved) etc., Probably due to such features, Acharya Bhavamishra has described Ekkakushta as – “Prime among Kshudra Kushta.”³

The modern treatments given for Psoriasis have their own limitations and side effects. Above all, the chronic and recurrent nature of the disease leaves a great psychological impact on patients. It disturbs the quality of life of the patients to a great extent.

The trial drug Navayasa Rasayana Leha is taken from the reference found in Chakradatta⁴ It has the following ingredients in increasing proportions - Dhatri, Aksha, Haritaki, Vidanga, Chitraka, Shuddha Bhallataka, Bakuchi, Loha Bhasma, Bhrungraj and Tila Taila (Q.S). The fine powder of the drugs is to be licked with Tila Tila at the time of drug administration.

It is interesting to note that the same combination of drugs is described in Bharat Bhaishyra Ratnakara⁵ for local application. Hence, this Yoga (formulation) was also selected for local application in both the groups.

Stress is the most crucial factor in onset and progression of the disease. Hence, in group B, Medhya Rasayana tablet...
was given along with local application of Dhatryadhyo Lepa. Medhya Rasayana tablet is Anubhuta Yoga (non-classical formulation). It contains the following drugs in increasing proportions- Vacha, Haritaki, Jatamansi, Jyotishmati, Yashtimadhu, Shuddha Bhallataka, Guduchi, Brahmi and Shankhpushphi.

AIMS AND OBJECTIVES

1. To assess the efficacy of Navayasa Rasayana Leha and compare it with the efficacy of Medhya Rasayana tablet in the management of Ekkakushta (Psoriasis)
2. To assess the efficacy of Dhatryadhyo Lepa in the management of Ekkakushta (Psoriasis).

MATERIALS AND METHODS

Detailed study of Ekkakushta and Psoriasis was done along with study of drugs selected for the present study. Various books of Ayurveda, Modern science and web sites related to the subject were referred to. Patients consulting the Out Patient Department of Kayachikitsa, Institute for Post Graduate Teaching and Research in Ayurveda, Jamnagar were selected for the present study.

Criteria for selection

Patients having signs and symptoms of Ekkakushta (Psoriasis) like well circumscribed erythematous papules/Plaques covered with dry, brittle, silvery grayish white micaceous scales, Auspitz sign, Koebner phenomenon, Candle grease sign etc., were selected. A special proforma was made for assessing all the patients.

Inclusion criteria

1. Age- 13-70 years
2. Cardinal symptoms of Ekkakushta
3. Positive Signs of Psoriasis like Auspitz sign, Candle grease sign etc.

Exclusion criteria

1. Patients suffering from systemic disease like Diabetes Mellitus, Cancer, Acquired Immunodeficiency Syndrome (AIDS), Tuberculosis\ (TB) etc., and other skin diseases like Seborrhic dermatitis, Lichen Simplex Chronicus etc
2. Age less than 13 years and more than 70 years

Laboratory investigations

1. Blood – Hemoglobin (Hb), Total count of WBCs (TC), differential count of WBCs (DC), erythrocyte sedimentation rate (ESR), Total red blood corpuscles (RBC), Peripheral Blood picture
2. Urine – Routine and Microscopic examination
3. Biochemical- Fasting blood sugar (FBS), Serum creatinine, serum glutamic pyruvic transaminase (SGPT), Serum calcium, Total protein, albumin globulin ratio (A/G ratio).

Plan of treatment

Patient’s were randomly divided into 2 groups (with his/her consent) as follows:

Koshtha Shuddhi was given by Eranda Bruhstha Haritaki (6 gm-at night with Ushnodaka) in patients of both the groups for 3 days before starting the treatment.

Group A
1. Navayasa Rasayana Leha with local application of Dhatryadhyo Lepa.
2. Dose of Lepa-2 gm - twice a day.
3. Anupana- Koshna Jala (lukewarm water)
4. Dose of Lepa- Q.S (as per the area of distribution of the lesion)
5. Duration - 3 months.

Group B
1. Medhya Rasayana Tablet with the local application of Dhatryadhyo Lepa.
2. Dose of tablet-(Each Tablet-500 mg) 2 tablets – twice a day.
3. Anupana - Koshna Godugdha (lukewarm cow’s milk)
4. Dose of Lepa- Q.S (as per the area of distribution of the lesion.)
5. Duration - 3 months.

Follow up

A follow-up study was carried out for one month after completion of treatment.

Dietary restrictions

The patients were strictly advised to follow the Pathyapathyaa for Kushtha Roga.

Criteria for assessment

1. Psoriasis Area and Severity Index (PASI).
2. Scoring pattern made specifically for the present study and scoring pattern of some symptoms as given by the National Psoriasis Foundation.

Statistical analysis

The information gathered on the basis of above observations was subjected to statistical analysis as follows:
1. Wherever there was qualitative data, paired t test and \( \chi^2 \) test was carried out
2. Wherever there was quantitative data, paired t test and unpaired t test were carried out.

The obtained results were measured according to the grades given below:
1. Complete Remission : 100% relief
2. Marked Improvement : 75%-99% relief
3. Moderate Improvement: 51% to 74% relief
4. Mild Improvement : 25% to 50% relief
5. Unchanged : <25% or No relief.

Observations

The details of patients registered in group A and B are given in Table 1. Out of 111 patients registered, 45 patients in group A and 49 patients in group B, completed the study.

Maximum number of patients, i.e. 26.12% were from the age group of 41-50 years, 22.52% patients had the first onset of Psoriasis between age group of 21-30 years and 94.59% were

| Group | Completed patients | Drop outs | Total |
|-------|--------------------|-----------|-------|
| A     | 45                 | 11        | 56    |
| B     | 49                 | 6         | 55    |
| Total | 94                 | 17        | 111   |
vegetarian. 67.06% patients were of Vata-Kapha Prakruti, 98.19% patients were of Rajasika Prakruti and 46.84% patients were of Vishamagni. 61.26% were having negative family history of Psoriasis while 34.23% patients had positive family history.

63.96% had lesion in exposed areas, 61.26% reported asymmetrical pattern, 64.86% had well demarcated lesion, plaque variety of lesion was found in 49.54% of patients, 53.15% reported shiny color of lesion, 58.55% reported lower extremities as the commonest site of involvement and all patients had normal sensation.

Chief complaints reported were Matsyashakalopamam, Kandu and Bahalatva in all patients; Mandala was found in 99.09% of patients; Aswedanam in 98.19% patients and Daha was found in 96.39% of patients. 97.29% patients had involvement of 1-10% of body surface area.

Among the Nidanas found, Virrudha ahara was found maximum in 86.48% patients followed by Chinta in 80.18% patients [Figure 1].

Associated complaints reported were Sandhishula found in 23.42% patients, Nidranasha found in 21.62% patients, Jwara in 5.40% patients and palm and feet involvement in 0.90% patients. The Auspitz sign was present in 95.49% patients followed by Candle grease sign in 61.26% patients Koebner Phenomenon in 10.81% of patients.

In the present study, maximum patients, i.e. 85.58% had moderate type of Psoriasis.

Highly significant results were found in all signs and symptoms in both the groups [Table 2]. Insignificant results were found in all laboratory parameters in both the groups. It is observed that the therapy showed highly significant relief (P < 0.001) by 83.14% in psoriasis Area and severity index in group A and by 79.28% in group B [Figure 2]. In follow-up study, no recurrence was found in 77.14% patients in group A and recurrence was noted in 22.85% patients at the end of one month. In follow-up study, no recurrence was found in 58.53% patients in group B and recurrence was noted in 43.90% patients at the end of one month.

Chi square test was applied on the cardinal symptoms. Insignificant difference was found between effect of therapies of both the groups on Mandala, Matsyashakalopamam, Aswedanam, Kandu, Daha, Bahalatva, Srava and Unnati. Which suggested that both groups showed equally good effect on all above symptoms.

In Rukshata, group A showed better relief than group B.

On comparing the effect of both therapies on associated symptoms and signs, it was found that both the groups were equally effective in Nidranasha, Sandhishula, Auspitz sign, Candle grease sign, Koebner phenomenon and Body Surface Area. Group A was more effective in Jwara in comparison to group B.

Overall effect of therapy shows that complete remission was found in 16.32% patients in group B and 6.66% patients in group A, while marked improvement was found in 62.22% patients in group A and 40.81% patients in group B [Table 3].

While on comparing the effect of therapy by χ^2 test, insignificant difference was found which meant that both the groups were equally effective.

Effect of therapy- In the present study, maximum patients between the age group of 41-50 years showed better relief (complete remission and marked improvement) in both groups.

### Table 2: Effect of therapy in symptoms and signs of Ekkushtha in group A and group B of the patients selected for the study in percentage of patients showing improvement (paired t test)

| Symptoms          | Effect in group A (in %) | Effect in group B (in %) |
|-------------------|--------------------------|--------------------------|
| Mandala           | 82.31                    | 80.31                    |
| Matsyashakalopamam | 76.35                    | 74.25                    |
| Aswedanam         | 82.97                    | 84.61                    |
| Rukshata          | 74.4                     | 72.66                    |
| Kandu             | 84.04                    | 79.04                    |
| Daha              | 88.54                    | 87.20                    |
| Bahalatva         | 83.59                    | 73.53                    |
| Srava             | 90.41                    | 91.46                    |
| Unnati            | 81.25                    | 80                       |
| Nidranasha        | 47.82                    | 56.09                    |
| Sandhishula       | 21.87                    | 31.81                    |
| Auspitz sign      | 83.36                    | 85.10                    |
| Candle grease sign| 84.61                    | 77.52                    |
| Koebner phenomenon| 61.11                    | 67.5                     |
| Body surface area | 53.28                    | 57                       |

Figure 2: Effect of therapy on patients enrolled in the study and divided into groups A and B, on psoriasis area and severity index, in percentage of patients showing improvement
It was seen that patients of Vata-Kapha Prakruti achieved received benefit (complete remission and marked improvement) of the drugs. Group A showed better results in plaque type of Psoriasis whereas group B showed good results in both plaque and guttate type of Psoriasis. It was seen that patients with negative family history responded better in comparison to that of positive family history of Psoriasis. Patients with mild and moderate Psoriasis responded better to both the therapies.

DISCUSSION

It is observed that maximum number of patients (22.52%) had the first onset of Psoriasis between age group of 21-30 years. Psoriasis can occur at any age; however, due to a stressful life and dietary disturbances in young age, incidence is found more in the age group of 21-30 years. 36.93% were doing Viruddhashana (Consuming incompatible foods) followed by 36.03% doing Vishamashana (Irregular dietary habits). Viruddhashana is said to cause-‘Ninditaryadhibh’ and one among them is Kushta. The dominance of Rasa in the diet of the patients of this series was, Lavana (81.98%) Amla (68.46%) and Katu (59.45%). Acharya Charaka has quoted that excessive use of Lavanarasa is a direct cause of Kushta Roga. Moreover, it aggravates Pitta ad Kapha Doshas. Also Amla Rasa is said to be Raktagudhikara Nidanaya by Acharya Charaka. Katu Rasa is said to cause Bala Kshaya and decreased immunity of the body, and hence may be responsible for causing psoriasis, as it is an immunological disorder. Most prominent precipitating factors reported by the patients of this series were climate (87.38%) and emotional stress (84.68%). The role of climate as a trigger is also supported by many studies. A number of studies have shown that psychological stress is often caused by Psoriasis, and also can be a factor in Psoriasis flare up.

Effect of therapy

On the basis of complete remission and marked improvement, it can be concluded that drugs in group A was more effective on following symptoms- Mandala, Bahalatva, Unmati, Auspitz sign, Candle grease sign, Daha and Kandu; whereas drugs in group B was more effective in Matsyashakalopamam, Ruksaha, Koebner Phenomenon, Nidranasha, Srava and Asweedanam.

Probable mode of action

Navayasa Rasayana Leha- has dominancy of Tikta-Katu Rasa in 66.66% drugs. As described by Acharya Charaka, Tikta Rasa has the property of Deepana and Pachana and thus, helps in Amanashana formed due to Nidanasevana. Tikta Rasa also has the property of Raktagudhasadana, Vishaghna, Kushtaghna, Kandughna and Dahaprasashmana. It also has Kaphaghna property. Thus through these properties Navayasa Rasayana Leha acts on Ekkakushita. Acharya Charaka has described that Katu Rasa possesses Deepana and Pachana properties, through which it acts at level of Agni and stops Ama formation. One property of Katu Rasa described by Acharya Charaka is “Margarivivrunoti” which means it dilates the Srotas and thus acts on cellular level and stops the uncontrolled production of cells which causes hyperkeratinization. Other properties of Katu Rasa described by Acharya Charaka are Vishaghna, Kandughna and Vranaprasadana.

Also, the ingredients of Navayasa Rasayana Leha has dominancy of - Laghu Guna-66.66% and Ruksa Guna-77.77% drugs. Laghu Guna possesses Kaphashamaka property. It also has Agnideepana property through which it helps in relieving Agniandya. By its Srotoshodhaka property, it acts on minute channels and removes the Amavisha. Acharya Sushruta has described Lekhana and Ropana properties of Laghu Guna. Lekhana property might help in management of hyperkeratinization which leads to scaling, Bahalatva and Unmati. Acharya Hemadri has given Shoshana property of Ruksa Guna which might help

| Table 3: Overall effect of therapy on patients enrolled in the study and divided into groups A and B, in number of patients and corresponding percentage of patients showing varying degrees of improvement |
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| Effects | Group A | | Group B | |
| Complete Remission (100%) | 3 | 6.66 | 8 | 16.32 |
| Marked Improvement (75-99%) | 28 | 62.22 | 20 | 40.81 |
| Moderate Improvement (51-74%) | 12 | 26.66 | 20 | 40.81 |
| Mild Improvement (25-50%) | 2 | 4.44 | 1 | 2.04 |
| Unchanged (<25%) | 0 | 0 | 0 | 0 |

| Table 4: Pharmacologically proven actions of drugs of Navayasa Rasayana Leha |
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| Actions | Drugs |
| Immunomodulatory | Amalaki, Haritaki, Bakuchi |
| Antioxidant | Amalaki, Haritaki, Bhallataka |
| Adaptogenic | Amalaki, Haritaki |
| Wound Healing | Haritaki |
| Anti-inflammatory | Bhallataka, Bakuchi, Bhrungraj |
| Anti-arthritic | Bhallataka |
| Antistress | Bhallataka |

| Table 5: Pharmacologically proven actions of drugs of Medhya Rasayana tablet |
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| Actions | Drugs |
| Sedative | Vacha, Jyotishmati, Shankpushpi |
| CNS depressant | Vacha, Jatamansi |
| Anti-inflammatory | Jyotishmati, Yashtimadhu, Guduchi, Bhallataka |
| Immunomodulatory | Yashtimadhu, Guduchi, Haritaki |
| Antioxidant | Yashtimadhu, Brahmi, Haritaki |
| Antistress | Yashtimadhu, Guduchi |
| Adaptogenic | Yashtimadhu, Guduchi, Haritaki |
| Nootropic | Yashtimadhu, Guduchi, Brahmi, Shankpushpi |

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in management of Srotav. It also has Kaphashamaka property. It is seen that 77.77% drugs in Navayasa Rasayana Leha were of Ushna Veerya. According to Acharya Vruuddha Vagbhatta, Ushna Veerya has Vatakaphashamaka property and according to Acharya Vagbhatta, it has Ashupaka property through which it acts quickly at minute channels.[11]

Doshaghnata

It is seen that 33.33% drugs possessed Tridoshahara property and 44.44% drugs possessed Vatakaphahara property by which they act directly on the underlying Doshas of the disease.

Karmas of Navayasa Rasayana Leha

All the drugs of Navayasa Rasayana Leha possess Rasayana property. Drugs like Haritaki, Amalaki, Vidanga and Bhallataka are included in Kushtthagha Mahakashaya given by Acharya Charaka and, 55.55% drugs have Kushtthagha property, and 33.33% drugs have Medhya and Shothahara property. Some pharmacologically proven actions of drugs of Navayasa Rasayana Leha are given in Table 4.

The drugs of Navayasa Rasayana Leha possess immunomodulatory, antioxidant, and anti-inflammatory property [Table 4]. Thus, the probable mode of action of Navayasa Rasayana Leha can be understood.

Medhya Rasayana tablet Rasa Dominancy: Tikta Rasa-88.88%, Katusaras-44.44%. As discussed earlier, Tikta Rasa acts by the property of Amapachana, Raktaprasadana, Vashaghna, Kushtthagha, Kendugunha and Dahaaprashamana. Katu Rasa acts by its “Margarivirunnoti property”, Deepana, Pachana, Kendugunha and Vranaprasadana property.

Guna dominancy: Laghu and Snigdha Guna-55.55%. As discussed earlier, Laghu Guna acts by its Kaphashamaka, Aognideepana, Srotoshodhaka etc., properties. Snigdha Guna is Vatahara and is responsible for Mruduta, Balala and Varna. Here, Balala can be interpreted as Vyadhikshamtvita. It may help in the management of Rukshata and Kharata by its Mruduta. Owing to the dominancy of Tikshna Guna it may not increase Kapha Doshha

Veerya dominancy: Ushna veerya-66.66%- acts by its Vatakaphashamaka and Ashupaka property.

Doshaghnata: 44.44% drugs in Medhya Rasayana have Tridoshahara and Vatakaphashamaka properties by which they directly act on the disease.

Karmas of Medhya Rasayana tablet

44.44% drugs of Medhya Rasayana tablet have Kushtthagha property and 22.22% drugs have Swedajamana property.

In Medhya Rasayana Tablet, all ingredients are having Medhya Prabhav. In the tablet, maximum 9 parts of Shankhpushpi is included which is said to be best Medhya Rasayana drug by Acharya Charaka. Also, all the four Medhya Rasayana described by Acharya Charaka have been included.[12]

Some pharmacologically proven actions of Medhya Rasayana tablet are provided in Table 5.

Drugs of Medhya Rasayana tablet have properties like sedative, anti-inflammatory, immunomodulatory actions etc., by which they act on the disease [Table 5].

**Dhatryadhyo lepa**

Loha Bhamsa present additionally in the Lepa has Lekhana property which may help in removing hyperkeratinization. Also it has Yogvahi and Raktaprasadana property,[13] which may help in management of the disease. Ekkakushta is a Kapha-Vata dominant disease. Upon topical application, the active principle of the Lepa reaches to the deeper tissues through Siramukha and Swedavati Srotas and stains it with its Sukshma and Tikshna property. Due to its Ushna, Tikshna, and Sukshma properties it deblocks the obstruction in Swedavati Srotas and allows the local toxins to flow out through the Sweda, thus clearing out the micro channels. The Ushna Veerya of Dhatryadyo Lepa and Snigdha, Sukshma and Picchila Guna of its vehicle, i.e. Tila Tila causes pacification of Vata and Kapha which forms the Samprapti thus alleviating the symptoms. In the present study, no adverse effects of the research drugs have been found during the clinical trial and follow up period.

**CONCLUSION**

Stress may lead to early onset of disease (maximum patients-21-30 years) and early recurrence. Virrudhaashana is one of the predominant Nidana found (36.93%) which is also described by Acharya Charaka as cause of Ninditavyadhyas, one among which is Kushtataroga. Maximum patients were depressed/ anxious- which clearly shows the psychosomatic nature of the disease. Family history was positive in 34.23% of the patients, suggesting a genetic cause of the disease. In the present study, maximum patients were of Vata-Kapha Prakruti (63.03%). It may be inferred that people of Vata-Kapha Prakruti may be more susceptible to Psoriasis.

Both the groups showed almost equal effect in improvement of all signs and symptoms of Ekkakushta (Psoriasis) without any adverse effects. On the basis of maximum number of patients getting complete remission and marked improvement, the therapy in group A was concluded to be more effective on the following symptoms- Mandala, Bahalatva, Unnati, Auspitz sign, Candle grease sign, Daha and Kandu. Whereas Group B was more effective in Matsyashakalopamam, Rukshata, Koebner Phenomenon, Nidranasha, Srava and Aswedanam.

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एककुष्ठ में नवायसरसायनलेह, मेध्यरसायन टेबलेट तथा धात्व्याधो लेप का
तुलनात्मक अध्ययन

चार्म भेमता, अलंकृता आर. दये, वी. डी. शुक्ल

एककुष्ठ (सारीयासीस) एक जीर्ण रोग है जो आतुर की जीवनशैली को बहुत प्रभावित करता है। इस अध्ययन में रूपों को पंजीकृत करके सामान्य विभिन्न विभाजन वितरण पद्धति से दो वर्गों में विभाजित कीया। वर्ग अ में नवायसरसायन लेह – २ प्रार्रतिदिन दो बार उपग्रहक के साथ दिया गया। साथ ही धात्व्याधो लेप का बाह्य प्रयोग करवाया गया। वर्ग ब में मेध्यरसायन टेबलेट – २ गोसी दिन में दो बार कोष्ठ गोटूस्थ के साथ दी गई। साथ ही धात्व्याधो लेप का बाह्य प्रयोग करवाया गया। दोनों वर्गों में रूपों पर आधार का प्रभाव देखा गया। पाये गये परिणामों से यह सिद्ध हुआ कि दोनों वर्गों में रूपों की जीवनशैली पर अच्छे प्रभाव प्राप्त हुए।