

ROLE OF VIRECHANA KARMA IN THE MANAGEMENT OF PSORIASIS**U Shreekanth ; Rao Niranjan ; Devarushi Praveen**¹ HOD, Professor Department of Panchakarma S.D.M. College of Ayurveda, Kuthpady, Udupi, Karanataka² Professor, Department of Panchakarma S.D.M. College of Ayurveda, Kuthpady, Udupi, Karnataka³ Assistant professor, Department of Panchakarma, B.S.A.M., Sawantwadi, Dist-Sindhudurga, Maharashtra**ABSTRACT**

Psoriasis is defined as chronic, non-infectious skin disease characterized by well-defined erythematous slightly raised plaques and papules with silvery scales and typically on extensor surface distribution. *Kushta* is a *bahudoshavasthajanyavyadhi*, has *tridosha* involvement with *saptadhaatu* as its *dushyas* arrive at *Saptakodrvyasangraha*. Psoriasis may be put under *Saptakodrvyasangraha* the different categories of *Kushtalike Kitibha, Sidhma*, and *Ekakush-ta* etc according to different presentations. Different research scholars have correlated psoriasis with *Ekakush-ta, Kitibha* and *Sidhma* etc. But as Psoriasis manifest with different presentation and based on which Ayurvedic approach towards Psoriasis in terms of *Kushta* also varies. Thus, the present study entitled as “ROLE OF VIRECHANA KARMA IN THE MANAGEMENT OF PSORIASIS” instead of considering any one single variety of *Kushta*. The present study was conducted at SDM college of Ayurveda, Udupi, Karnataka, India. It is Single blind clinical study with 25 patients having the sign & symptoms of Psoriasis were selected and *Deepana Pachana* was done by *Trikatuchoorn*, followed with *Snehapana* of *Panchatiktaguggulugrith*; and *Parisheka* with *kadir* finally *Virechana karma* done with combination of *Triphala, Trivrut* and *Danti* in *choorna* form along with *anupaana* of *Souvirak*. It's found that there is effect of *Virechana karma* in Psoriasis in terms of Scaling on upper limbs and both Scaling & Erythema especially.

Key words- *Kushta*, Psoriasis, P.A.S.I. score, *Virechana karma*.

INTRODUCTION

“It's a bloom on a woman's face, if you have beautiful skin you don't need anything else” A popular quote says Skin is only organ which is easily accessible to injury or infection. Skin also reflects emotion of the body. Any alteration in the nutrition, hygiene, circulation, age, immunity and psychological state is easily depicted by the changes in the skin.

Psoriasis is a chronic inflammatory and proliferative disorder of the skin clinically manifested as well-circumscribed, erythematous papules and plaques covered with silvery scales typically located over the extensor surfaces and scalp. While specific systemic and environmental factors are known to influence the disease, it is unpredictable in its course, and usually pursue spontaneously with improvement and exacerbations of lesions without discerna-

ble cause. Immune system dysfunction in the background of a genetic predisposition is believed to be at the core of the disease process. Psoriasis is a very common disease and affects one to two per cent of the population in all geographic regions

A popular adage that skin patients are never cured & never dies, & never creates an emergency. In *Ayurveda*, *Kushtais* consider as a *bahudoshaavasthajanyavyadhi*, has *tridosha* involvement with *saptadhaatu* as its *dushya* also. Thus '*saptakodravya sangrah*¹' is responsible for each & every type of *Kushta* to manifest. Moreover *Charak* identified *Kushta* as one among *Dheer-gakaalenaroga*². Psoriasis may be put under the categories like *Kitibha*, *Sidhma*, *EkaKushta* etc. classifications of *Kushta* according to different presentations. Hence by considering all these facts *Acharya's* described repeated administration various types of *Shodhana* line of treatment.

MATERIAL AND METHODS

A. Selection of Patients

- ❖ It is Single blind clinical study with 25 patients having the sign & symptoms of Psoriasis were selected
- ❖ Patients were selected randomly irrespective of sex from O.P.D. & I.P.D. sections of Panchakarma department, S.D.M. Ayurveda Hospital, Kuthpady, Udipi.

B. Criteria for Diagnosis

- ❖ The patients were diagnosed on the basis of signs and symptoms of Psoriasis.
- ❖ Routine hematological investigations were carried out before treatment to rule out the other associated pathology.
- ❖ In all cases PASI Scoring was applied and recorded the scoring before *Snehapana*, After *SnehapanandVirechana* and after follow up period.

INCLUSIVE CRITERIA

- 1) Patients with signs and symptoms of psoriasis.
- 2) Patients of either sex of age group between 15 to 70 years.

EXCLUSIVE CRITERIA

- 1) Patients suffering from Diabetes mellitus, Hypertension, *Hridroga* and other Systemic diseases.
- 2) Patients who are *anarha* for *virechana karma*.

INTERVENTION:

POORVAKARMA

1) *Deepana – Pachana:*

About 3-4 grams of *Trikatuchoorna* with *sukhoshnajala* or with *Ksheera* was administered to patients depending on their status of *Agni* in terms of *Sama* and *Niramata*.

2) *Snehana:*

- The *panchatiktaguggulugritha*³ was given to all the 25 patients. The initial dose was 25ml (*Hrisiyasimatra*) with Luke warm water in early morning, after the digestion of the last night meal.

During this period the patients were advised to consume little quantity of hot water in between and to follow all the restriction of *Snehapana* in terms of diet

(Time of food intake, Nature of food), Sleep (Avoid *Divasvapna* & *Rathrijagaran*) etc.

- Then patient was continuously observed for a pearance of *SnehaJeeryaman*, *Sneha Jeerna* features. Based on the time of *Snehajeernalakshana* the dose of *Sneha* for next Day was decided.
- Thus *AroohankarmaSnehapana* was administered still *samyaksnigdhalakshana* arises in all the patients.

3) *Swedana:*

- Once *samyaksnigdhalakshana* appears then, from next day *SarvangaAbhangya* with *NimbaTaila*⁴ followed by *Sarvanga Parisheka* with *KhadiraKashaya*⁵ was performed.

- Thus *BhayaSnehan* and *Swedan* was performed for 3 days and during this period patient advised to avoid consumption of *KaphakarAhara* and *Vihara*.

PRADHANA KARMA

- On 4th day depending upon the rogi&rogabala *Virechana Yoga* of *Trivrut*, *Triphala* and *Dantichoorna*⁶ (10 grams each) combination dose decided.
- After the *Parishek* procedure, ascertain the patient proper digestion of previous night consumed meal. Then above mentioned *Virechana yoga* with sufficient quantity of *Souveeraka* as *Anupana* was administered to patient on empty stomach in the morning hours in between 9.30 AM – 10.00 PM .

PASCHAT KARMA

- After the successful completion of *Virechana*, the patients were asked to follow all the precautions related to *Virechana*.
- Then *Samsarjana Karma* was decided on the basis of *Shuddhilakshana* and it was started from the same day evening still for 3/5/7 days.

ASSESSMENT CRITERIA

Sign and Symptoms of *Samyak* and *Asamyak Virechana*

Patients will be evaluated for severity of illness during and after the intervention.

Table 01

Coverage	Score	Severity	Score
0%	0	None	0
< 10%	1	Some	1
10-29%	2	Moderate	2
30-49%	3	Severe	3
50-69%	4	Maximum	4
70-89%	5		
90-100%	6		

Severity: The severity is measured by four different parameters: Itching, Erythema (redness), Scaling and Thickness (psoriatic skin is thicker than normal skin). Again,

Subjective Parameters

- Symptoms of Psoriasis.
Among all the clinical features of Psoriasis itching the important symptom was specially identified as subjective criteria.
- Symptoms of *Samyak* and *Asamyak Virechana Laxanas* i.e. *Laingiki* and *Antaki*.

Objective Parameters:-

1. Signs of *Samyak* and *Asamyak Virechana Laxanas* i.e. *vaigaki* and *Maanaki*.
2. Auspitz Sign.
3. Candle Grease Test.
4. PASI (Psoriasis Area and Severity Index)

To understand overall effect of *Virechana karma* on Psoriasis, the Psoriasis area and severity index (P.A.S.I) scoring method was also adopted as follows.

For the PASI, the body is divided into four sections. Each of these areas is scored by itself, and then the four scores are combined into the final PASI. The four areas are: the Legs, which have 40% of a person's skin; the Body (trunk area: stomach, chest, back, etc.) at 30%; the Arms (20%); and the Head (10%). **Area:** For each Skin Section, measured the amount of skin involve, as a percentage of the skin just in that part of the body (not the whole body - see below), and then assign it a score from 0 to 6:

each of these is measured separately for each Skin Section. These are measured on a scale of 0 to 4, from none to 'maximum', as mentioned in above chart. **Toting Up**

the Index: When all 20 of the above scores are figured out, then it is ready to calculate PASI. For each Skin Section, add up the four severity scores, multiply the Table 02

Head	$(I_{\text{head}}+E_{\text{head}}+S_{\text{head}}+T_{\text{head}})$	$\times A_{\text{head}}$	$\times 0.1$	$= \text{Total}_{\text{head}}$
Arms	$(I_{\text{arms}}+E_{\text{arms}}+S_{\text{arms}}+T_{\text{arms}})$	$\times A_{\text{arms}}$	$\times 0.2$	$= \text{Total}_{\text{arms}}$
Body	$(I_{\text{body}}+E_{\text{body}}+S_{\text{body}}+T_{\text{body}})$	$\times A_{\text{body}}$	$\times 0.3$	$= \text{Total}_{\text{body}}$
Legs	$(I_{\text{legs}}+E_{\text{legs}}+S_{\text{legs}}+T_{\text{legs}})$	$\times A_{\text{legs}}$	$\times 0.4$	$= \text{Total}_{\text{legs}}$

Finally, the PASI is $\text{Total}_{\text{head}}+\text{Total}_{\text{arms}}+\text{Total}_{\text{body}}+\text{Total}_{\text{legs}}$. This PASI will range from 0 (no psoriasis) to 96 (covered head-to-toe, with complete itching, redness, scaling, and thickness). Thus P.A.S.I. was calculated.

Investigations:-To evaluate other pathology Hb%, TC, DC, ESR, Blood Sugar laboratory and ECG, Skin Biopsy (if needed) investigations were carried out.

OBSERVATION AND RESULTS

Maximum *SamyakSnigdhaLakshana* are observed on the 4th day of *Snehapana*. 25ml of *gritha* was administered on 1st day in all the patients. In one patient had *SamyakSnigdhalakshana* on of 5th day maximum.

Table no 03

N	Mean			%	Paired t test			
	BT	AT	D		SD (+)	SE (+)	t	p
20	34.025	21.210	12.815	37.66%	15.787	3.530	3.630	0.002

DISCUSSION AND CONCLUSION

In Ayurveda, almost all the disorder of the skin describing in the current science of dermatology can be taken under generalized term “*Kushtha*”. Psoriasis is considered as a one of the variety of *Kushtha*. Previous research scholars of Ayurveda have tried to correlate it with *Ekakushtha*, *Kitibha* and *Sidhma*. But typically, people suffered from only one type of psoriasis at a time, but occasionally two or more different types of psoriasis can occur

total by the area score, and then multiply that result by the percentage of skin in that section, as follows:

In maximum number of patients the total amount of *AbhyantaraSneha* required during the whole course of *Snehapana* was ranging between 301-400 ml. Where as in one patient total 675 ml of *gritha* required to manifestation of *SamyakSnigdhalakshana*. Out of 25 Patients, maximum of 17(68%) of patient had *Tvakmardavat* by *KhadiraParishek*.

Maximum of 31-60 min. Latency period was in found 11(44%) of patients, whereas maximum of 10 patients (40%) the *ManakiLakshana* was observed ranges between 401-800 ml. only, however maximum of 13(52%) had *MadhyamaShuddhi* ended up with *Kaphant*.

Changes occurred in P.A.S.I. score before and after the Virechana Karma

at the same time. However Psoriasis can also occasionally change from one variety to another. Depending on the exposer of the patient suffered from psoriasis to different triggering factors, the existence forms of psoriasis may be get converted to another variety or form. Generally one type of psoriasis will vanishes and later another form of psoriasis will manifest. Thus as the clinical presentation of Psoriasis varies, similarly Ayurvedic approach towards diagnosis of *Kushtha* also differs. So it is very difficult to say that Psoriasis

is equal to either *Kitibha* or *Ekakushta* or *Sidhma* etc. variety of *Kushta* or in other words to say as depending on the different presentation of Psoriasis, one should diagnose the variety of *Kushta*.

Moreover in Ayurveda the understanding of involvement of predominant *Dosha*, *Dhatu*, *Mala*, *Srotas* etc. *Sampraptighatak* in disease have their own importance for proper planning of the line of medicine or line of treatment rather to correlate with current Science of medicine. Hence by keeping all the above said facts, in backdrop the present study was planned i.e. *virechana karma* to manage the Psoriasis was selected instead of concentrating on any single variety of *Kushta*.

Psoriasis is considered to be inherited as autosomal dominant characters with irregular penetrate. It is found in order that one member of the family in 10 -30% of the cases. The exact cause of the disease is not known but many precipitating factors like environmental, immunological, genetic and psychological have been found. Statistical data reveals the effect of *Virechana karma* in Psoriasis in terms of Scaling on upper limbs and both Scaling & Erythema on Lower limbs was highly significant i.e. $p = <0.001$. Moreover it has been observed 37.66% reduction in total PASI Scoring and $p = 0.002$.

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REFERENCES

- 1) Agnivesh "CharakaSamhita", Revised by Charaka and Dridhabala with the Ayurveda Dipika commentary of Chakrapanidatta, Reprint 2004, ChoukhambhaSamskritSamsthana, and Varanasi U.P. Page no -216
- 2) Agnivesh "CharakaSamhita", Revised by Charaka and Dridhabala with the Ayurveda Dipika commentary of Chakrapanidatta, Reprint 2004, ChoukhambhaSamskritSamsthana, and Varanasi U.P. page no -132
- 3) KavirajGovinda Das Sen " BhaishajyaRatnaavali" Edited with hindi Commentary by Prof.SiddhiNandan Mishra , 1st edition -2005, ChoukhambhaSurbharatiPrakashana, Varanasi, U.P. , Page no-785-786
- 4) Vagbhata "AstangaHrudayam" with SarvangaSundaraCommentry of Arunadatta and Ayurveda Rasayana Commentary of Hemadri-Reprint 2005, ChoukhambaOrientalia- Varanasi U.P. , Page no-79
- 5) Agnivesh "CharakaSamhita", Revised by Charaka and Dridhabala with the Ayurveda Dipika commentary of Chakrapanidatta, Reprint 2004, ChoukhambhaSamskritSamsthana, and Varanasi U.P. ; Page no-458
- 6) Agnivesh "CharakaSamhita", Revised by Charaka and Dridhabala with the Ayurveda Dipika commentary of Chakrapanidatta, Reprint 2004, ChoukhambhaSamskritSamsthana, and Varanasi U.P. ; Page no-452



(Figure 1.a&b) Photo Before the treatment



(Figure 2.a&b) Photo Before the treatment

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