

ROLE OF VIRECHANA KARMA IN THE MANAGEMENT OF PSORIASIS

Anil Kumar¹, Sanjay Gupta², Parul Sharma³, Sapna Kumari Vishwas⁴

^{1,4} (MD Scholar), ²(Asso. Professor), ³(Assist. Professor)

Dept. of Panchkarma, Rishikul Campus, UAU, Haridwar, Uttarakhand, India

Email aniltripathi0000@gmail.com

ABSTRACT

Psoriasis is considered as a type of *Kushtha* (skin diseases) and may be well correlated to various varieties of *Kushtha*, among them *Eka-kushtha*, *Kitibha* are the commonest due to the resemblance of signs and symptom. Here, *Ekakushtha* is accepted as Psoriasis because the description and characteristic features of it are co-related with description of Psoriasis than any other type of *Kushtha*. Effective therapeutic agents for the treatment of Psoriasis in contemporary medicine may have long-term toxic side effects, which makes alternative system of medicine a good choice because it overcomes the said limitations. The mainstay of treatment in *Ayurveda* for *Kushtha* is *shodhana* (bio purification), which eliminates the vitiated *doshas*. *Virechana* (therapeutic purgation) is less stressful procedure than *Vamana* (therapeutic emesis) and has less possibility of complications. So, the present work has been undertaken to study the role of *Virechana* (therapeutic purgation) in the management of psoriasis. After treatment patients recovered symptomatically, the itching and scaling was relieved completely, burning was very mild and intermittent. But, there is mild improvement in nail changes. So, it is concluded that *Virechana* (therapeutic purgation) was effective and showed considerable improvement in the patient of Psoriasis.

Keywords: Psoriasis, *Ekakushtha*, therapeutic purgation, *Virechana*.

INTRODUCTION

In *Ayurveda*, almost all skin diseases can be taken under generalized term "*Kushtha*". Psoriasis is considered as a type of *Kushtha* (skin diseases) and may be well correlated to various varieties of *Kushtha* among them *Ekakushtha*, *Kitibha* are the commonest due to the resemblance of signs and symptom. Here, *Ekakushtha* is accepted as Psoriasis because the description and characteristic features of it are co-related with description of Psoriasis than any other type of *Kushtha*. Psoriasis is a long-lasting autoimmune disease characterized by patches of abnormal skin. These skin patches are typically red, dry, itchy, and scaly. On people with darker skin the patches may be purple in colour. Psoriasis varies in severity from small, localized

patches to complete body coverage. Injury to the skin can trigger psoriatic skin changes at that spot, which is known as the Koebner phenomenon.

There are five main types of psoriasis: plaque, guttate, inverse, pustular, and erythrodermic. Plaque psoriasis, also known as psoriasis vulgaris, makes up about 90 percent of cases. It typically presents as red patches with white scales on top. Areas of the body most commonly affected are the back of the forearms, shins, navel area, and scalp. Guttate psoriasis has drop-shaped lesions. Pustular psoriasis presents as small non-infectious pus-filled blisters. Inverse psoriasis forms

red patches in skin folds. Erythrodermic psoriasis occurs when the rash becomes very widespread, and can develop from any of the other types. Fingernails and toenails are affected in most people with psoriasis at some point in time. This may include pits in the nails or changes in nail color.

There is no cure for psoriasis; however, various treatments can help control the symptoms. These treatments

include steroid creams, vitamin D3 cream, ultraviolet light and immune system suppressing medications, such as methotrexate. About 75 percent of cases can be managed with creams alone. The disease affects two to four percent of the population. Men and women are affected with equal frequency.

The disease may begin at any age, but typically starts in adulthood. *psoriasis* is associated with an increased risk of psoriatic arthritis, lymphomas, cardiovascular disease, Crohn disease, and depression. Psoriatic arthritis affects up to 30 percent of individuals with psoriasis.^[2] Treating various types of *Kushtha* is a challenge due to involvement of three *doshas*, incurability and recurrence of nature attracts the researchers to find out a suitable solution for *Kushtha*. It has even become a challenge to different medical system including *Ayurveda*. Today, modern medical science has lots of facilities and upgraded technologies for treatment of patient but still many diseases are in progressive phase in the society.^[8] Psoriasis is one such kind of disorders affecting approximately 2% of the population. Effective therapeutic agents in contemporary medicine are limited in number and may have long-term toxic side effects, which makes alternative system of medicine a good choice because it overcomes the said limitations. All *Acharya* have emphasized on *Shodhana therapy* in the management of all *Kushtha* (bio purification) which eliminates the vitiated *doshas*. *Virechana* (therapeutic purgation) is a specific modality for the elimination of *Pitta Dosha*⁷ but it is also effective upon *Vata* and *Kapha Dosha* as well as *Rakta*. It is less stressful procedure than *Vamana* (therapeutic emesis) and has less possibility of complications. So, *Virechana* (therapeutic purgation) was selected for the *Shodhana* in this case.^[6]

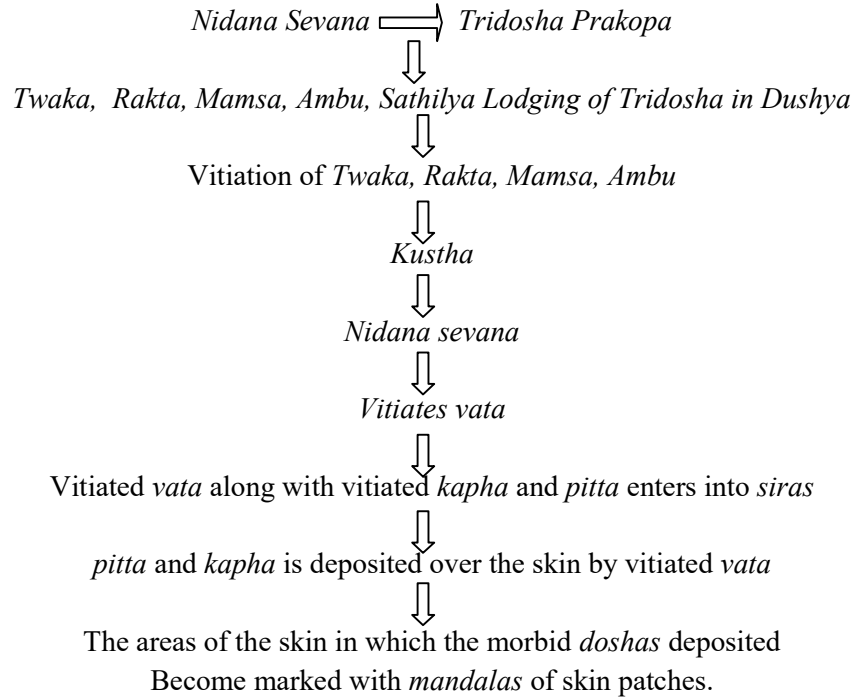
DESEASE BACKGROUND

The worldwide prevalence of psoriasis is estimated to be approximately 2–3% although the disease is known to have higher prevalence in the polar regions of the world; its burden in a tropical/subtropical country like India cannot be underestimated. In a diverse country such as India, the prevalence of psoriasis may vary from region to region due to variable environmental and genetic factors. We found only six studies, mostly in a hospital setting, from North India estimating the prevalence of disease among adult dermatologic patients a higher prevalence in males has been reported with a peak age at onset is in the third and fourth decade of life. In one of the larger studies from Northern India, point prevalence of paediatric psoriasis was estimated to be 0.0002%. The peak age at onset among boys is in the 6–10 years age group compared to girls in 11–15 years age group. A positive family history may be elicited in 9.8–28% of the children. The age at onset of psoriatic arthritis varies from 35 to 50 years with no sex predilection. Nearly 70% of the patients develop psoriasis before articular involvement; in another 15%, arthritis precedes the onset of psoriasis by more than 1 year, and in the remaining 15% of the cases, the two conditions occur within 12 months of each other. The yearly estimated incidence and prevalence of psoriatic arthritis are, respectively, 3.0–23.1 cases/100,000 and 1–420 cases/100,000 people with similar results in Western countries and in China. Prey *et al.* in their systematic review of literature concluded that psoriatic arthritis may affect up to 24% of patients with psoriasis such data is lacking among Indian patients. In children, arthritis may precede psoriasis in 50% of cases. The mean age of onset in children is 9–10 years with female predominance.

Objectives: To assess the efficacy of *Virechana* in *Ekakushtha*.

SAMPRAPTI OF KUSTHA

- *Acharyas* have not mentioned specific *samprapti* for each and every *kushta*, but they have mentioned *samanya samprapti* for all kinds of *kushtas* the *samanaya samprapti of kushta* according different *Acharyas* are given below.

SAMPRAPTI OF KUSTHA ACCORDING TO CHARAKA**Samprapti Ghatakas-**

Dosha - Tridosha (vata kapha pradhana, pitta)

Dushya - Twaka, Rakta, Mamsa, Lasika, Ambu

Srotodushti - Sanga and Vimargagamana

Agni - Jatharagni, Dhatvagni Madhyajanya

Udbhavasthana - Amashaya, pakvashya

Sanchara - Tiryaga sira

Adhithana - Twacha

Vyaktasthana - Twacha

Vyadhimarga - Bahya

Swabhava - Chirkari

DISCUSSION

Psoriasis is a chronic papulo squamous disorder of the skin of unknown etiology characterized by a chronic relapsing nature and variable clinical features. It follows an irregular course characterized by remissions and exacerbation psoriasis is co-related too many conditions like *kitibha*, *sidhma*, *vicharchika*, *vipadika*, *darunaka*, and *Ekakustha*. Irregular food consumption of foodstuffs that are advised not to be eaten together (incompatible foods like dairy products with fish), excessive intake of yogurt, paneer, black gram, seafood, sour and salted items etc can activate the

pathogenesis.^[5] The produced toxins accumulate in deep tissues like *rasa*, *rakta*, *mamsa* and *lasika*. These toxins cause contamination of deeper tissues, leading to psoriasis. Psoriasis is believed to occur due to vitiation of all the three *doshas* (*vata*, *pitta*, *kapha*) in varying degree. The predominance of *vata* causes pain, dryness and scaling of skin *pitta* vitiation leads to burning sensation, redness, inflammation etc. and that of *kapha* causes rashes, etching, discharge thickening of skin etc. From these signs and symptoms the *doshic* involvement is analyzed carefully in each patient, which is of utmost importance in the management of this disease. Just a glance is enough to diagnose the disease most of time, but when it comes to the management it is equally difficult to select a proper modality many a times. As per *Ayurvedic* view, psoriasis is considered as a *raktaja* disorder having vitiation of *doshas* in greater extent. *Virechana karma* is one of the treatment modality for this ailment preoperative, operative and post operative care during *virechana karma* is most important to yield better outcome in psoriasis. The *doshas* are situated in *twaka* and *agni* is also deranged. Therefore *Deepana-Pachana* medicines prior to *snehapana* are important, which helps in

Ama Pachana and normalizing the Agni Generally *sodhana poorva Arohana snehapana* administered till *samyak snigdha lakshana* or maximum 7 days. Gradual increase of dose of *sneha* is important for loosening the bond between *Dosha* and *Dushya*, thereby helping in breaking three pathogenesis of psoriasis. Probable mode of action of *Virechana karma* is a method of bio-purification, process of *Virechana* proceeds with *Deepana* and *Pachana* which reduce the *Aam* and normalize the Agni or metabolic activity.^[7] After that in *Snehapana procedure*, which lubricates the all micro and macro channels and responsible for *Uttkleshana* of *Dosha*. It also reduces the dryness, burning sensation and itching. *Ghrita* also having *Rasayana* property may be more beneficial in management of *Kustha*. *Sarvanga Abhayanga* and *Swedana* remove obstruction in *Srotas* and bring the vitiated *Dosha* from *Shakha* to *Kostha*. *Virechana karma* does cleansing the *Kostha* and brings down the morbid *Dosha* from body and helps to maintain the *Dosha* and *Dhatu Samya* or keep up the homeostasis and leads to the refurbish and rejuvenation of body tissues and also boost the body. Immunity and cleanses the *Srotas* (micro channels). Therefore, *virechana* is very important therapeutic measure for psoriasis.^[8]

CONCLUSION

Although Psoriasis (*Ekakushtha*) is not so easy to treat but if right diagnosis is made at right time, various complications can be avoided. Various *Panchakarma* therapies can be plays an important role in the management of psoriasis. The prevalence of psoriasis is increasing day by day. There is need to find out treatment modality which will helps in prevention and cure of the disease *Ayurveda* believes in managing psoriasis through *shodhana* and *shamana* treatment among *shodhana*, *virechana karma* is commonly advocated in the management of psoriasis as it helps in correcting the basic pathogenic factors with *pitta*, *rakta*. While analyzing various research outcomes it seems that *virechana karma* plays an important role in the prevention and cure of psoriasis. It needs to be considered that *virechana karma* is not only a com-

plete answer for psoriasis, as *vamana karma*, *nasya*, *basti*, *rasayana* and *shaman* but also have their role in its management.

REFERENCES

1. Dogra s, yadav s. Psoriasis in india ; prevalence and pattern. Indian j dermatol venereal leprol 2010-76: 595-601 <http://dxdoi.org/10.4103/0378-6323,72443pmid;21079301>
2. Parisi R, Symons DP, Griffiths CE, Ashcroft DM. Identification and Management of Psoriasis and Associated Co morbidity (IMPACT) project team. "Global epidemiology of psoriasis: a systematic review of incidence and prevalence". J Invest Dermatology, February 2013; 133(2): 377–85. .
3. Kasinath sastri, gorhkhannartha chaturvedi (editor). Vidyotini hindi commentary of charaka samhita, Chikitsasthana, chapter 7, verse no.21, 2011 edition, Varanasi: choukambha bharti academy, 2011; 252.
4. Anna Moreshvarakunte, Krishna shastryavare. As-tanga Hrudaya of Vagbhata. Chikitsa stana, chapter 19, verse no 96, Varanasi: Choukhamba Samskruta-samsthana, 2010; 718.
5. Agnivesh charak samhita with Ayurveda Deepika tika by chakrapaanidatta published by chaukambha orientalia, reprint edition;2011 p.450
6. Agnivesh charak samhita with Ayurveda Deepika tika by chakrapaanidatta published by chaukambha orientalia, reprint edition;2011 p.451
7. Agnivesh charak samhita with Ayurveda Deepika tika by chakrapaanidatta published by chaukambha orientalia, reprint edition;2011 p.458
8. shushruta; shushruta samhita, with nibandha sangraha tika by dalhanacharya, published by chaukambha orientalia 7th edition,2009 p.442

Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Anil Kumar et al: Role Of Virechana Karma In The Management Of Psoriasis . International Ayurvedic Medical Journal {online} 2019 {cited November, 2019} Available from: http://www.iamj.in/posts/images/upload/2081_2084.pdf