



A CLINICAL STUDY TO EVALUATE THE EFFECT OF VIRECHANA WITH TRIPHALADI CHOORNA IN THE MANAGEMENT OF PSORIASIS

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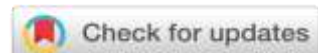
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ABSTRACT

Virechana is among the *Pancha Shodhana* and *Panchakarma*, as explained by *Acharyas* in the classics. *Virechana* is the procedure in which the orally administered *Dravyas* act on internally vitiated *Doshas*, specifically *Pitta*, and expels them through *Gudamarga*. Psoriasis is a chronic, recurrent, inflammatory disease of the skin of unknown origin, characterised by well-circumscribed erythematous, dry plaques of various sizes covered with scales. The Prevalence of Psoriasis varies across countries, ranging from 0.09-11.43%. Globally, it is estimated that at least 100 million individuals are affected by Psoriasis. In India, the reported incidence varies from 0.44-2.8% among skin disorders, with an overall incidence of 1.02%. In Ayurveda, various skin diseases are classified under the broad category of *Kushta*. Features of Psoriasis resemble multiple types of *Kushta*. Hence, this clinical study of *Virechana* with *Triphaladi Choorna* was taken to assess its efficacy in this disease. The assessment used parameters like PASI Score, Auspitz sign, and Candle grease sign. Objectives: To evaluate the effect of *Virechana* with *Triphaladi Choorna* in the management of Psoriasis. Methods: This is an open-label clinical study with pre-test and post-test design wherein 20 patients diagnosed with Psoriasis and fulfilling the selection criteria in the age group of 18 – 70 years of either gender were selected from the OPD/IPD. Results: The study showed a statistically significant result in decrement in PASI Score with a change from before treatment to after follow-up. Interpretation and Conclusion: Hence, *Virechana Karma* with *Triphaladi Choorna* was found to be effective in reducing signs and symptoms of Psoriasis.

Keywords: Virechana, Kushta, Psoriasis, Triphaladi Choorna, PASI Score

INTRODUCTION

Psoriasis is an immune-mediated, proliferative, non-contagious, and genetically determined common dermatological disorder affecting skin, nails, joints, and systemic associations. It is characterised by erythematous, sharply demarcated papules and round plaques covered by silvery micaceous scale typically located over the extensor surfaces and scalp¹. Psoriasis mainly follows a waxing and waning form pattern. The prevalence rate in India varies from 0.44% to 2.8%; it is two times more common in males than in females, and the presentation is commonly seen in the third and fourth decade of life². In *Ayurveda*, skin disorders, including Psoriasis, come under the broad umbrella of the term *Kushta*. Although Psoriasis cannot be directly linked or compared to *Kushta*, the different varieties of *Kushta*, like *Ek kushta*, *Kitibha*, *Vaipadika*, etc, have similarities with varying presentations of *Kushta*. Although specific treatments are advocated in contemporary science for its treatment, there hasn't been a permanent cure to date. So, there is a need for a treatment modality which not only prevents but also has a cure for the disease. Our classics have various references to the treatment modalities which help manage this disease. *Kushta* is one among the *Bahudoshajanya Vyadhi*³, having the involvement of all the *Tridoshas* and the *Sapta Dhatus*⁴. It is a *Dheergakaleena Roga*⁵. *Shodhana* is considered the prime treatment modality for chronic diseases because it removes the *Doshas* directly from their roots⁶. *Virechana* is one of the *Pancha Shodhana* procedures, which is primarily advocated for treating *Pitta Dosh* vitiation, where *Doshas* are eliminated through *Adhomarga*⁷. Treatment of *Kushta* can be done systematically, as described in *Krimi Chikitsa*, i.e., *Samshodhana*, *Samshamana* and *Nidana Parivarjana* separately⁸. *Acharya's* have emphasised on *Shodhana* therapy for the management of *Kushta*. *Kushta* is regarded as '*Duschikitsya*' due to the difficulties in its treatment. But with the help of *Shodhana* therapy, the cure of the disease becomes more accessible, as it helps in the removal of the root

cause. Hence, *Shodhana* holds much importance in the treatment of *Kushta*. *Shodhana* is usually administered based on the predominant *Dosha*. *Sushruta* has emphasised '*Ubhayato Samsodhana*' even in the *Purvarupa Avastha* of *Kushta*⁹. *Samsodhana* in the treatment of *Rasagata*, *Raktagata*, *Mamsagata* and *Medogata Kushta* by him¹⁰. In *Kushta*, as the *Raktha Dhatu* is considered one of the main *Dhatu* responsible for the *Prasara* stage of *Kushta Samprapti* and *Pitta Dosh* and *Raktha Dhatu* have an *Ashraya-Ashrayi* relationship, the treatment modality for *Pitta Dosh* and *Raktha Dhatu* compliments each other. *Virechana* is an essential type of *Shodhana* for *Kushta* based on its *Samprapti* and *Lakshanas*. Though it is the prime modality for eliminating *Pitta Dosh*, it also affects *Kaphasamskrista Avastha*¹¹ and *Raktapradosha*¹². Hence, considering all the above points, the following single-group study consisting of 20 subjects was conducted to evaluate the efficacy of the treatment with *Triphaladi Choorna*¹³ in Psoriasis. Twenty subjects diagnosed with signs and symptoms of Psoriasis were selected, and *Virechana* was done methodically. *Deepana* and *Pachana* with *Ajamoda Choorna*¹⁴ was done, followed by *Snehapana* with *Mahakhadira Ghrita*¹⁵. *Abhyanga* with *Khadira Taila*¹⁶, followed by *Parisheka* with *Saptaparna patra*¹⁷ *Kashaya*. On 4th day, *Virechana* was done with *Triphaladi Choorna*. Based on the *Shuddhi Sam-sarjana Krama* was advised.

AIMS AND OBJECTIVES

To evaluate the effect of *Virechana* with *Triphaladi Choorna* in managing Psoriasis.

MATERIALS AND METHODS

Source of data: 20 Subjects diagnosed with Psoriasis were selected for study from OPD and IPD of S.D.M Ayurveda Hospital, Kuthpady, Udupi.

Method of collection of data:

Study design:

This is an open-label clinical study with pre-test and post-test design where a minimum of 20 subjects di-

agnosed with Psoriasis of either gender were selected based on diagnostic and inclusion criteria.

Sample size:

A minimum of 20 patients diagnosed with Psoriasis were selected.

A detailed proforma was prepared considering the points about history, signs, symptoms and examinations mentioned in Ayurvedic Classics and allied sciences to confirm the diagnosis.

INTERVENTION:

In the selected patients, Virechana was given as follows.

Virechana:

Poorva Karma-

Deepana, Pachana: *Ajamoda Choorna* 3gm TID with hot water before food was given until Samyak Langhita Lakshana appeared for 3-7 days. Snehapana:

Abhyantara Snehapana was done with *Mahakhadira Ghrita* in *Arohana Krama* with *Ushnajala* as *Anupana*. Method of Snehapana: The patients were given snehapana in *Arohana Krama* with starting dose of 25 ml around 6.30 am (immediately after sunrise) with *Ushnajala* as *Anupama*. It was gradually increased based on the symptoms elicited in the patient, such as *Udagra Shuddhi*, *Vatanulomana*, and *Kshudha Pravrutti* (time taken to digest Sneha). Importance was given to attaining Samyak Snigdha Lakshana and was accepted into the record. Patients were advised to have lukewarm water at specified intervals (when they felt thirsty). They were advised not to be exposed to excessive sunlight, wind, heavy work, day sleep, sitting in the same posture for long, excessive talking on the phone or using AC and were advised to take *Ganji Tilli* (gruel) on *Kshuddha Pravrutti* (hunger) in afternoon and evening. After the achievement of Samyaksnigdha Lakshanas, Sneha intake was stopped(3-7 days).

Assessment of snehana attainment (by snehapana): Dose and Duration- based on Snehamatra and its administration time and duration, Sneha jeeryamana lakshana and *Sneha jeerna lakshanas. samyak*

snigdha lashanas like *Vatanulomana Deeptagni, Asamhata Varchas ,SnigdhaVarchas , Twakas-nigdhatta* etc.

Bahya Snehana: *Abhyanga:* The patients were subjected to *Abyanga* with *Khadira Taila* for 4 days, i.e. the *Vishrama Kala* after *Snehapana* was stopped, followed by *Parisheka*.

Swedana: *Parisheka* method: The patients were subjected to *Parisheka* with *Sapta Parna* for four days, i.e., in 3 gap days after the stoppage of *Snehapana* and on the day of *Virechana*, in the morning time. Duration of *Parisheka*: *parisheka* was administered until the patients attained *Samyak swinna lakshanas* viz *Sheetashoolavyuparama, Stambha* and *Gauravanigraha, Mardavata, Swedapradurbhava* etc.

Pradhana karma: After the *Abyanga* and *Parisheka* followed by *Ushna Jala Snana* in the morning, the patient was administered with *Triphaladi Choorna* around 9.30 am, with *Ushna Jala*. The dose was decided based on *Koshtha, the Agni* of the patient, as well as *Roga Bala* and *Rogi Bala*. **Paschat Karma:** *Samsarjana Krama, depending upon the nature of Shuddhi Lakshanas (3-7 days)*, was advised.

RESULTS: Among the 20 patients, the maximum subjects, i.e., 80% (16) of patients, had positive Auspitz Sign and 95% (19) had positive Candle grease sign. Statistical data reveal the effect of *Triphaladi Choorna* in the management of psoriasis. The mean score of PASI before treatment was 27.69, and after treatment, it was 12.85, having a mean difference of 14.84, showing an improvement of 53.59%. This change was found to be statistically highly significant at p value 0.000. The mean score of PASI before treatment was 27.69, and after follow-up, it was 6.17, having a mean difference of 21.52, showing an improvement of 77.71%. This change was found to be statistically highly significant at p value 0.000. The study showed a statistically significant result in decrement in PASI Score with a 77.71 change from before treatment to after follow-up.

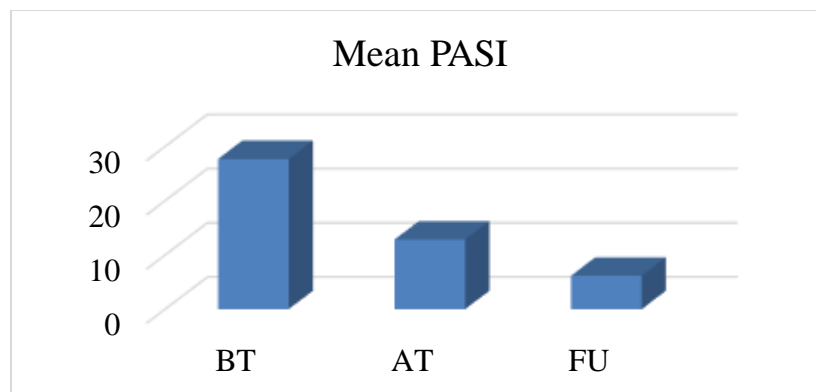
Table no 1-Showing the mean PASI within the group.

Parameter	Mean	N	S. D	S.E.M	Mean difference	% change	T	P	Interpretation
BT	27.69	20	11.03	2.46	14.84	53.59%	9.88	0.000	HS
AT	12.85	20	4.90	1.09					
BT	27.69	20	11.03	2.46	21.52	77.71%	11.11	0.000	HS
FU	6.17	20	2.97	0.66					

Table no 2-Changes in PASI Score before, after Virechana and after follow-up.

Parameter	Mean
PASI BT MEAN	27.6900
PASI AT MEAN	12.8500
PASI FU MEAN	06.1700

Fig No-1 Mean PASI



DISCUSSION

Virechana is a widely used purificatory procedure in Ayurveda, which has been practised since ancient times and continues to be a treatment modality for many of the major diseases even today. Virechana primarily aims to eliminate a significant amount of accumulated morbid *Doshas* with relatively fewer complications, as observed in clinical practice. According to our *Acharyas*, the *Shodhana* procedures should be carried out in specific order, and Virechana is considered second. *Acharya Charaka* emphasised Virechana as the prime treatment modality for eliminating *Pitta Dosh*. This is because *Amashya* is the leading site of *Pitta* and *Kapha Dosh*s, and by subsiding the *Pitta* located there, the other manifestations of *Pitta* in the body also get pacified. Virechana is the

primary treatment for *Pitta* associated with *Kapha* and vitiation of *Kevala Pitta* and *Pittastana Gata Kapha*. Consequently, Virechana can be considered an effective treatment modality for addressing the imbalances of all tridoshas in the body. Psoriasis is a common disease characterised by well-defined, raised red scaling patches on the skin, typically found on the extensor surfaces of the body. However, it can also affect the scalp and nails²¹⁴. Psoriasis naturally follows a relapsing and remitting course, i.e., through periods of flare-ups and remission. Different presentations of Psoriasis in *Ayurveda* may correspond to various subtypes of *Kushta*, such as *Sidhma* (chronic dermatitis), *Eka Kushta* (localised skin disease), *Kitibha* (papulosquamous disorder), or *Mandala Kushta* (ring-shaped lesions), among others. Due to its complex nature, *Ayurveda* emphasises using

Samshodhana, which refers to purification therapies or detoxification, as the primary line of treatment for *Kushta*. *Samshodhana* is recommended during the *Purvarupavastha* of *Kushta*, as it falls under the category of *Bahudoshavastha*. *Acharyas* have advised the repeated elimination of *Doshas* through *Shodhana* procedures. *Virechana* is considered an ideal therapy for addressing *Doshic* imbalances in *Kushta*. By undergoing *Virechana*, the body can eliminate accumulated ama and excess *Doshas*, thereby purifying the *Srotas*. *Virechana* therapy primarily targets *Pitta Dosh* and influences *Rakta Dhatu*, hence restoring balance. It's challenging to correlate psoriasis to a single type of *Kushta*. Thus, keeping all the above factors in the backdrop, the present study was planned to evaluate the role of *Virechana* in Psoriasis without confining it to any single variety of *Kushta*. For *Deepana* and *Pachana Ajamoda Choorna*, 3gm TID with hot water was administered until Nirama Avastha was reached. *Ajamoda* have *Katu* and *Tikta Rasa* and possesses *Laghu*, *Ruksha*, and *Tikshana Guna* with *Ushna Virya* helping in *Deepana* and *Pachana*. *Maha Khadira Ghrita* opted for *Snehapana* as one of the adequate *Ghrita* preparations, explained by *Acharya Charaka* in *Kushta Chikitsa*. It includes *Dravyas* like *Khadira*, *Karanja*, *Nimba*, *Haridra*, *Aragwadha*, *Haritaki*, etc., which possess *Katu*, *Tikta*, *Kashaya Rasa* and *Laghu*, *Ruksha*, *Tikshana Guna* and have *Kushtaghna* and *Kandhughna* properties. *Abhyanga* and *Parisheka* followed *Snehapana* for four days (3 days on *Vishrama Kala* and the day of *Virechana*). Patients were asked to have *Drava Pradhana*, *Anabhishtyandhi* and *Avidahi Ahara* during the *Vishrama Kala* to bring *Kapha Utklesha* to normalcy. *Abhyanga* was done with *Khadira Taila*. *Khadira* is the drug of choice for *Kushta* and possesses *Tikta Kashaya Rasa* and *Laghu Ruksha Guna*. *Parisheka* followed this with *Saptaparna patra*, which is *Tridoshaghna* and has properties like *Kushtaghna* and *Krimihara*. It contains *Picalinal*, *Betulin*, *Ursolic acid*, *Scholarine*, etc., which have anti-inflammatory, analgesic, and anti-bacterial effects. *Virechana* was done with hot water with *Triphaladi Choorna*, as mentioned in *Choorna Prakarna* of *Sahsrayoga*.

Triphaladi choorna contains drugs like *Triphala*, *Trivrut*, *Swarna ksheeri*, *Saptala*, *Tikta*, etc. which have *Katu*, *Tikta Rasa* and *Laghu*, *Ruksha*, *Tikshana Guna* with *Ushna Veerya*. These have *Rechaka* and *Bhedana* quality and possess *Kushtaghna*, *Kanduhara*, *Krimighna* and *Vishahara* properties. Keeping everything in the backdrop, an open-labelled study of 20 patients diagnosed with Psoriasis was conducted. In the present study, 20 patients diagnosed with Psoriasis were subjected to methodical *Virechana* with *Triphaladi Choorna*. Not only by a single drug but by the whole *Virechana* Procedure along with the drugs, there will be an effect on the management of Psoriasis.

CONCLUSION

Psoriasis is a chronic immune-modulated skin disorder characterised by red scaly plaques with well-defined borders. Due to the variability in symptoms that Psoriasis can exhibit over time or simultaneously, it falls under the broad spectrum of *Kushta* in *Ayurveda*. Among the *Shodhana* procedures, *Virechana* is one of the standard lines of treatment advocated for Psoriasis management as it helps correct the underlying pathology, particularly *Pitta* and *Rakta*. *Virechana* plays an essential role in managing the disease. Based on the analysis of research outcomes, *Virechana* plays a vital role in preventing and curing this disease. Hence, this study was taken up.

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