



ROLE OF *VIRECHANA KARMA* (THERAPEUTIC PURGATION) IN PSORIASIS: A CLINICAL STUDY

Ayurveda

Mishra Meenu*	Post Graduate Scholar Kayachikitsa, Pt. Khushilal Sharma Govt.(Auto.) Ayurveda College and Institute, Bhopal, Madhya Pradesh, India. *Corresponding Author
Sharma Ankita	Post Graduate Scholar Rasashastra, Pt. Khushilal Sharma Govt.(Auto.) Ayurveda College and Institute, Bhopal, Madhya Pradesh, India.
Shivhare Shwetal	Reader Department of Kayachikitsa, Pt. Khushilal Sharma Govt.(Auto.) Ayurveda College and Institute, Bhopal, Madhya Pradesh, India.
Sharma Vivek	Lecturer Department of Kayachikitsa, Pt. Khushilal Sharma Govt.(Auto.) Ayurveda College and Institute, Bhopal, Madhya Pradesh, India.

ABSTRACT

Background: The skin or the integument is the external organ that protects against mechanical trauma, UV light and infections. The prevalence of skin diseases in India is 10 to 12% of the total population with psoriasis being the major contributor, in India it ranges from 0.44% to 2.8%. In *Ayurveda* all skin diseases come under the concept of *Kushta*. Psoriasis has a high resemblance with *Ekkushta*, which is the type of *Kshudrakushta* (less severe form of the *Kushta*). Skin diseases considered as *Pitta Doshaja* and *Rakta Dhatu Pradoshaja Vikara*. *Acharya Charaka* stated that *Virechana* is the great treatment for *Pitta* predominance diseases. **Aim:** To study the role of *Virechana Karma* in the management of *Ekkushta* (Psoriasis). **Material and Methods:** A single group of 5 diagnosed patients of *Ekkushta* (Psoriasis) were registered at the *Kayachikitsa* OPD of Pt. Khushilal Sharma Govt. (Auto.) Ayurveda Hospital Bhopal. The patients were treated with *Virechana Karma*. Duration of study is 21 days and follow up after completion of trial every week for 1 month. Assessment was done on the basis of symptomatic relief after treatment. **Observation:** The overall effect of the *Virechana Karma* in all patients suggested that, complete cure was not in any patient. One patient was mild improved, one patient was markedly improved and three patients were moderately improved. None of patients remained unchanged. **Conclusion:** On the basis of this clinical trial it can be concluded that *Virechana Karma* works effectively in the management of psoriasis.

KEYWORDS

Psoriasis, *Ekkushta*, *Virechana Karma*

INTRODUCTION

Diseases affecting the skin are common and important because absence of normal skin function, can severely impair quality of life. This may be exacerbated by the fact that people with skin disease can suffer the effects of stigma, particularly as regards visually disfiguring skin changes or the belief that they are contagious. Skin diseases affect all ages and there are more than 2000 different types and presentations. Psoriasis is a chronic inflammatory, hyperproliferative skin disease. It is characterized by well-defined, erythematous scaly plaques, particularly affecting extensor surfaces, scalp and nails and usually follows a relapsing and remitting course. Psoriasis affects approximately 1.5-3% of Caucasians but is less common in Asians, South American and African populations. It occurs equally in both sexes and at any age; although it is uncommon under the age of 5 years, more than 50% of patients present before the age of 30 years.¹ The underlying cause of psoriasis is thought to be our immune system unnecessarily accelerating the growth of skin cells resulting in inflammation. *Ayurvedic* literature has described skin diseases mainly under the spectrum of *Kushta*. According to *Ayurveda*, psoriasis compare to *Ekkushta* occur due to vitiation of *Vata*, *Pitta*, *Kapha* and *Rakta Doshas* (body humors). *Ekkushta* (psoriasis) is one of the varieties of eleven *Kshudrakushta* (comparatively less harmful, easily treated obstinate diseases of skin). The clinical features are *Mahavastu* (widespread lesions), *Aswedanam* (lack of perspiration) and *Matsyashaklopmam* (fish scale like appearance).² In *Kushta*, *Shodhana Chikitsa* (bio-purification) should be carried out repeatedly to prevent recurrence.³ Management of psoriasis as per contemporary treatment modalities include use of steroids and other therapeutics which only suppress the symptoms and having long term side effects. This shows that need of search of some alternative treatment is highly desirable. This paper highlights the role of *Virechana Karma* (Therapeutic purgation) in psoriasis.

MATERIAL AND METHODS

A single group of 5 diagnosed cases of *Ekkushta* (Psoriasis) were registered from OPD of *Kayachikitsa* department and admitted in IPD of Pt. Khushilal Govt. (Auto.) Ayurveda Hospital Bhopal. Patients were selected randomly and placed into one group i.e. Trial or Experimental group. Consent was taken from all the patients.

The drugs required for *Virechana Karma* procured and prepared in *Prakalp* of *Panchkarma* in Pt. KLS Govt. Ayurveda Hospital Bhopal.

These registered patients were properly informed regarding the *Virechana* procedure, they would undergo and admitted in the hospital indoor ward and treated under direct supervision.

Duration of study: 21 days and follow up after completion of trial every week for 1 month

TREATMENT REGIMEN

These diagnosed cases of *Ekkushta* (Psoriasis) admitted in indoor ward of Pt. K. L. S. Govt. Ayurveda Hospital, Bhopal and undergo following procedures:-

Table No.-1

S. No.	TREATMENT	DOSE	FREQUENCY	DURATION
1.	<i>Deepan-Pachan</i> with <i>Chitrakadi Vati</i>	2 tab	q.i.d.	3 days
	<i>Panchkol Phanta</i>	20ml	Every 2 hourly	
2.	<i>Snehapana</i> with <i>Panchtiktaghrita</i> start with	30ml to 350ml	Orally , empty Stomach, once	7 days
	30ml in increasing dose till <i>Samyak Snehana</i>		in a morning	
	<i>Lakshana</i> obtained			
3.	<i>Sarvang Abhayang</i> with <i>Narayan oil</i> and <i>Nadi Swedana</i> with <i>Dasmool Kwath</i>	Q.S.	Once in a Morning	3 days
4.	<i>Virechana Karma</i> with <i>Trivattadi Kwath*</i>	200ml	Once in a	1 day
	<i>Ichhabhedi Rasa</i>	250mg	Morning hours empty Stomach	
5.	<i>Samsansarjana Karma</i> (Diet control)	-	-	7 days

*Trivattadi Kwath** contents- *Aragvadha*(*Cassia fistula*), *Draksha* (*Vitis vinifera*), *Kutki* (*Picrorhiza kurroa*), *Trivatta/Nishoth* (*Operculina terpepethum*), *Baal Haritaki* (*Terminalia chebula*) each had taken in 20mg quantity.

INCLUSION CRITERIA

- Patients presenting with classical and modern clinical features of *Ekkushta* (psoriasis).

EXCLUSION CRITERIA

- Patients of Eczema and Leprosy.

CRITERIA FOR EXAMINATION AND DIAGNOSIS⁴

The diagnosis will be made on the basis of the following clinical findings.

- Typical distribution of the Psoriatic lesions on the surface of the body such as elbow, knee, lower back, scalp, nails etc.
- Well defined non-indurated, dry erythematous area with silvery layer scaling.
- The candle grease sign, kobener's phenomenon and the pin point bleeding on removal of scale.
- History or previous attack or seasonal relapse.

INVESTIGATION

Complete Blood Picture, Erythrocyte sedimentation rate, Lipid profile, Liver Function Test, Random Blood Sugar, Renal Function Test, Ultra Sonography (whole abdomen & pelvis), Chest x-ray (PA view), Electro cardio gram.

ASSESSMENT CRITERIA

- Each sign and symptom is graded and a numerical value is given for assessment of results. The change and relief in symptoms was observed on completion of treatment.
- Overall effect of the therapy will be graded as follows:

Complete remission	100% relief
Marked improvement	75% to < 100% relief
Moderate improvement	50% to < 75% relief
Mild improvement	25% to < 50% relief
No improvement	< 25% relief

- Clinical parameters:**

Table no.-2

S. No.	SIGN & SYMPTOMS	PARAMETERS	GRADE
1.	Kandu (Itching)	No Kandu	0

RESULT Table no.-3

Patient			W/ T+	T-	Mean		MD	%Relief	SD	SE	P-value	Significance
S.NO.	Sex	Age (in year)			BT	AT						
1.	F	31	21	0	2.0	0.57	1.42	71.00%	0.78	0.29	0.0313	Significant
2.	F	25	21	0	2.0	0.71	1.28	64.00%	0.95	0.35	0.0313	Significant
3.	M	40	21	0	2.0	1.14	0.85	42.50%	0.37	0.14	0.0313	Significant
4.	M	38	21	0	1.71	0.57	1.14	66.66%	0.89	0.34	0.0313	Significant
5.	M	24	28	0	1.71	0.14	1.57	91.81%	0.78	0.29	0.0156	Significant

AT: After Treatment, BT: Before Treatment, MD: Mean Difference, SD: Standard Deviation, SE: Standard Error

OBSERVATION**Table no.-4**

S. No.	Overall assessment	No. of Patients	Percentage
1.	Complete remission	00	0%
2.	Marked improvement	01	20%
3.	Moderate improvement	03	60%
4.	Mild improvement	01	20%
5.	No improvement	00	0%

DISCUSSION

Psoriasis is a chronic inflammatory disease, in chronic diseases there are severe vitiation of channels (*Srotodushiti*), weakness of digestive fire (*Agnimandya*), improper nourishment of tissues and decreased immunity (*Ojokshaya*), which warrants the purification of body, for this bio-purification *Virechana Karma* (therapeutic purgation) is indicated in skin disorders. At first the body should be prepared with *Pachana* and *Deepana Karma* (for *Amapachana*), the *Dosha*, which are present in *Dhatu* and *Srotasa* are moistened by *Snehana* (internal oleation), liquified by *Swedana* (fomentation) and then brought to *Koshta* (stomach), thereafter it should be expelled by *Shodhana* (bio-purification).⁵ The hot, sharp, penetrating, prevailing and loosening drugs of *Virechana Yoga* (*Trivattadi Kwath* and *Ichhabhedhi Rasa*) because of their potency reaching the heart and circulating through vessels effect the mass of impurity in the entire body, liquify it out through large and small ducts due to its fiery nature and disjoin it due to

		Occasional	1
		Off & on without disturbed sleep	2
		Continuous with disturbed sleep	3
2.	Matsyashakal (Scaling)	Normal skin	0
		Scaling on vigorous rubbing	1
		Scaling on light pressure	2
		Scaling on wearing cloth	3
3.	Aswedanam (Anhydrosis)	Sweating	0
		Mild sweating	1
		Mild sweating after exercise	2
		No sweating after exercise	3
4.	Mahavastu (Lesion on body parts)	No lesion	0
		Lesion on partial (upto 2/3 rd) part of	1
		Hand/Leg/Neck/Scalp/Ear lobule/Back	
		Lesion on partial (upto 1/3 rd) part of	2
		Hand/Leg/Neck/Scalp/Ear lobule/Back	
		Lesion on whole body	3
5.	Erythema	Normal skin color	0
		Faint & near to skin color	1
		Blanching+ red color	2
		Total red color	3
6.	Candle Grease Sign	Absent	0
		Present	1
7.	Koebner Phenomena	Absent	0
		Present	1

STATISTICAL ANALYSIS

Statistical analysis was carried out by using Wilcoxon Sign Rank Test. The result were interpreted at P<0.05, P<0.01, P<0.001 as level of significance.

sharpness, consequently the disjoined mass floating in the uncted body like honey in uncted vessel, reaches the stomach due to penetrating nature, composition of *Virechana* drug predominates in *Jala* (water) and *Prathivi* (earth) *Mahabhuta* and there is specific potency (for purgation), it goes down.⁶ According to modern view laxative probably induce limited mild inflammation in the small and lower bowel, which facilitates quick absorption of the active principles (*Virya*) of the drug in initial stage. Later on it facilitate the excretion of the morbid matters, which generally are not supposed to be excreted out through the mucosa of gut. It is possible only because inflammation increases the permeability of the capillaries, which in turn allow the absorption, as well as excretion of such substances which are not allowed in normal condition.⁷ The effect of *Virechana Karma* was observed that, complete cure was not in any patient. One patient was mild improved, one patient was markedly improved and three patients were moderately improved. None of patients remained unchanged.

CONCLUSION

On the basis of this clinical trial, it can be concluded that *Virechana Karma* works effectively in the management of psoriasis. This *Ayurvedic* modality helps to prevent the progression of disease. This research paper highlighted the role of *Virechana Karma* in psoriasis. This clinical trial was carried out on only 5 patients, for further research large number of sample size is necessary.

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