ROLE OF VIRECHANA KARMA IN THE MANAGEMENT OF PSORIASIS

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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 bahudoshavaasthajanyavadyadhi, has tridosha involvement with saptadhatus as its dushyasarrive at Saptakodvyasangraha. Psoriasis may be put under Saptakodvyasangraha the different categories of Kushatalike Kitiiba, Sidhma, and Ekakushtatetc according to different presentations. Different research scholars have correlated psoriasis with Ekakushta, Kitiibha 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 DeepanaPachana was done by Trikatuchoorn, followed with Snehapaan of Panchatiktaguggulugrith; and Parishekawith kadir finally Virechana karma done with combination of Triphala, Trivrut and Danti in choorna form along with amupaanaof 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 discrim-
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, Kushta is considered as a bahudoshavaasthanyavyadhi, has tridosha involvement with saptadhauptu as its dushta also. Thus ‘saptakodravya sangrah’ is responsible for each & every type of Kustha to manifest. Moreover Charak identified Kushta as one among Dheergakaalenaaroga. Psoriasis may be put under the categories like Kitibha, Sidhma, EkaKushtaetc. 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, Udupi.

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 Snehapaana, After Snehapanand Virechana 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 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 Snehapaana 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 AroohankarmaSnehapaana was administered still samyaksngdhalakshana arises in all the patients.

3) Swedana:
   - Once samyaksngdhalakshana appears then, from next day SarvangaAbhangya with NimbaTaila followed by Sarvang Parisheka with KhadiraKashaya 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 rogabala Virechana Yoga of Trivrut, Triphala and Dantichoorna (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

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Score</th>
<th>Severity</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>0</td>
<td>None</td>
<td>0</td>
</tr>
<tr>
<td>&lt; 10%</td>
<td>1</td>
<td>Some</td>
<td>1</td>
</tr>
<tr>
<td>10-29%</td>
<td>2</td>
<td>Moderate</td>
<td>2</td>
</tr>
<tr>
<td>30-49%</td>
<td>3</td>
<td>Severe</td>
<td>3</td>
</tr>
<tr>
<td>50-69%</td>
<td>4</td>
<td>Maximum</td>
<td>4</td>
</tr>
<tr>
<td>70-89%</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90-100%</td>
<td>6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Objective Parameters:**

1. Signs of Samyak and Asamyak Virechana Laxanas i.e. Laingiki and Antaki.
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:
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

<table>
<thead>
<tr>
<th>Head</th>
<th>((I_{head}+E_{head}+S_{head}+T_{head})) x (A_{head}) x 0.1 = Total_{head}</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Arms</td>
<td>((I_{arms}+E_{arms}+S_{arms}+T_{arms})) x (A_{arms}) x 0.2 = Total_{arms}</td>
<td></td>
</tr>
<tr>
<td>Body</td>
<td>((I_{body}+E_{body}+S_{body}+T_{body})) x (A_{body}) x 0.3 = Total_{body}</td>
<td></td>
</tr>
<tr>
<td>Legs</td>
<td>((I_{legs}+E_{legs}+S_{legs}+T_{legs})) x (A_{legs}) x 0.4 = Total_{legs}</td>
<td></td>
</tr>
</tbody>
</table>

Finally, the PASI is Total_{head}+Total_{arms}+Total_{body}+Total_{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.

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 ManaikiLakshana 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 Krama

Table no 03

<table>
<thead>
<tr>
<th>N</th>
<th>Mean</th>
<th>Paired t test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BT</td>
<td>AT</td>
</tr>
<tr>
<td>20</td>
<td>34.025</td>
<td>21.210</td>
</tr>
</tbody>
</table>

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 at the same time. However Psoriasis can also occasionally change from one variety to another. Depending on the exposur 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 Kushtar 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 revels 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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