

ROLE OF TUVARAKA RASAYANA IN PSORIASIS AFTER SHODHANA

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ABSTRACT

Skin is the first organ of the body interacting with the environmental agents like physical, chemical and biological agents. Variations in the environmental stimuli and natural ability of body to deal with these factors result in spontaneous remissions and relapses. Psoriasis can be correlated with *Ekkustha* in Ayurvedic perspective. *Kustha* is one of the commonly affected illnesses to mankind. It has been mentioned in nearly all the *Sthanas* of Charaka Samhita, which shows the prime importance in the diseases affecting human being. Psoriasis is a papulosquamous disorder of the skin, characterised by sharply defined erythematous squamous lesions. They vary in size from pinpoint to large plaques. At times, it may manifest as localized or generalised pustular eruption. Total sixty patients were divided into two groups through random sampling method. Group-A is *Shodhana* (*Virechana*) Group and Group-B is *Virechana* followed by *Tuvaraka Rasayana* group. *Tuvaraka Taila* was given in 20 ml dose for five days with specific diet regimen. Significant results were found in both the groups, but much better results were found in Group B than Group A. Overall effect of the therapy showed complete remission in 53.33 % of patients in Group A; while 80% of patients in Group B. Thus, it can be concluded that *Tuvaraka Rasayana* along with the *Shodhana* proved to be an effective therapy and recurrence could also be prevented.

Keywords: Psoriasis, *Ekkustha*, *Shodhana*, *Tuvaraka*

INTRODUCTION

Psoriasis is a papulosquamous disorder of the skin, characterised by sharply defined erythematous squamous lesions. They vary in size from pinpoint to large plaques. At times, it may manifest as localized or generalised pustular eruption. Approximately one-third of people who develop psoriasis have at least one family member with such condition. Research shows that the signs and symptoms of psoriasis usually appear between 15 and 35 years of age. About 75% develop psoriasis before age 40. However, it is possible to develop psoriasis at any age.

After age 40, a peak onset period occurs between 50 and 60 years of age. About 1 in 10 people develop psoriasis during childhood and psoriasis can begin in infancy. The earlier the psoriasis appears, the more likely it is to be widespread and recurrent.

Although psoriasis is common to most races and ethnicities, its prevalence varies from country to country.^[1] In the United States, the prevalence of psoriasis is estimated to be approximately 2% of the population;^[2] in central Europe, it is estimated at 1.5%. Prevalence studies from India are

mostly hospital-based. Researcher collected a comprehensive data from various medical colleges located in Dibrugarh, Calcutta, Patna, Darbhanga, Lucknow, New Delhi and Amritsar.^[3] They found that the incidence of psoriasis among total skin patients ranged between 0.44 and 2.2%, with overall incidence of 1.02%. They noted that the incidence in Amritsar (2.2%) was higher as compared to other centres in Eastern India and speculated that it may be related to different environmental conditions (extremes of temperature), dietary habits, and genetic differences. Indian studies report lower familial incidence of the disease. In one research positive family history of psoriasis was reported in 14% of their patients.^[4] While another study reported family history in only 2% of their patients.^[5] First degree relatives were affected in 84% of the cases while second degree relatives in 12% cases. There are only few studies which have made record of family history of psoriasis in their patients, so definite statistical data on familial incidence is not available.

In ancient text, *Acharyas* have described all diseases elaborately and they can be found exactly correct today. *Kustha* is one of the commonly affected illnesses to mankind. It has been mentioned in nearly all the *Sthanas* of Charaka Samhita, which shows the prime importance in the diseases affecting human being. The disease is described in Charaka Samhita after *Prameha*. In *Nidana Sthana* (8th chapter) *Acharya* has quoted, “*Havi Prashanamehakushthayoh*”. It indicates that *Kustha* is a *Santarpanajanya Vyadhi*. Thus, it is understood that the aetiology and pathogenesis of *Kustha* is that of *Santarpanajanya Vyadhis*. According to

most of Ayurvedic texts, all types of *Kustha* have been considered as *Rakta Pradoshaja Vikara*. Further *Ekakushtha* is stated to be *Tridoshaja* with the dominance of *Kapha-Pitta Dosh* and *Bruhat Trayi* have mentioned the *Chikitsa* as *Shodhana* followed by *Rasayana* for *Kustha*. Among *Shodhanas*, *Virechana* and *Vamana* is best for the *Pitta*, *Rakta Pradoshaja Vikara* and *Kaphaja Vikara*, which are the main causes for *Kushtha*. When the morbid *Doshas* are expelled out by the process of *Shodhana* i.e. *Virechana* from its root, then the chances of recurrences are negligible.^[6] It occurs in the same way as when tree is uprooted, then the possibility of its re-growing is nil. *Susruta* has described *Cikitsa* of *Kustha* in two chapters i.e. *Kustha Cikitsa* and *Mahakustha Cikitsa*. *Guggulu*, *Shilajita*, *Shveta Bakuchi*, etc. *Rasayana* drugs are mentioned in its *Cikitsa* but *Tuvaraka Rasayana* is explained in *Madhumeha Cikitsa*. *Tuvaraka Rasayana* is explained by *Susruta* in *Chikitsa Sthana*.^[7] *Tuvaraka Rasayana* is used after *Shodhana* (purification) of the body by *Panchakarma*. The schedule for use is only for 5 days with specific diet regimen.

AIM AND OBJECTIVE:

1. To correlate the type of *Kushtha* with psoriasis.
2. To evaluate the effect of *Tuvaraka Rasayana* after *Virechana* in psoriasis.
3. To compare the effect of *Shodhana* and *Shodhana* with *Rasayana* in psoriasis.

MATERIAL AND METHODS:

Selection of patient: Patients were selected from Outdoor Patient Department of Panchakarma on the basis of sign and symptoms of psoriasis and irrespective of religion, sex, occupation, cast etc.

Inclusion criteria

1. Patients with all forms of Psoriasis who are clinically fit to undergo *Shodhana* procedure.
2. Age- 15 to 60 years
3. Sex- Both sexes

Exclusion criteria: -

1. Clinically unfit for *Shodhana*
2. Chronic debilitating disease
3. Diabetes mellitus
4. Malignant Hypertension
5. Renal pathology
6. Liver pathology
7. IHD

Grouping: All the selected patients were divided into 2 groups through random sampling method.

Group-A: *Shodhana* Group

Group-B: *Shodhana* and *Tuvaraka Rasayana* Group

General Examinations:

1. *Dashavidha Pariksha* (tenfold examination) of every patient along with *Jivha, Sparsha, Udara Pariksha, Mala Pariksha* was done before *Shodhana*.
2. The general examinations like pulse, blood pressure, weight, etc. were assessed along with routine systemic examination.
3. Prior to the administration of *Tuvaraka Rasayana* to the patient, assessment of *Agni* and *Kostha* was done.

Posology:

I. **Group A: (*Shodhana - Virechana*)**
Dipana Pachana: All the patients were given *Trikatu Churna* - 2 gm twice a day for three days with luke warm water to reduce *Ama* and to regulate the *Agni*.

Purvakarma: All patients were undergone *Snehapana* with plain cow *Ghrita* till observed *Samyak Snigdha Lakshana*. After that whole body massage and *Swedana* twice a

day for 3 days were done and on 4th day *Tri-vritta Avaleha* 50- 100 gm according to *Koshtha* was given for *Virechana* followed by proper *Samsarjana*.

II. **Group B: (*Shodhana with Rasayana*):** All the patients of this group first have

undergone the procedure of *Shodhana* as Group A. After proper *Samsarjana*, *Tuvaraka Rasayana* was given as follows.

1. *Jirna Ahara Lakshana* (symptoms of proper digestion of previous dinner) was assessed early in the morning on the day of *Tuvaraka Taila* administration after going through normal routine. Patients with fresh mind and enthusiasm were administered the fixed dose 20 ml of *Tuvaraka Taila* for five days after performing special prayers at 8 to 8.30 am.

3. Cold water was given as *Anupana* after administration of *Tuvaraka Taila* and a 5 min little walk was advised.

4. The patients were not allowed to take anything other than cold water until he / she feels hungry.

5. Total no. of *Vamana* and *Virechana Vega* as well as the symptoms of proper *Shuddhi* was assessed.

6. *Samyaka Shuddhi Lakshanas* were observed daily and were scored according to the scoring pattern.

Pathya - Apathya: After appearance of hunger special diet as cold *Yavagu* with little *Ghrita* and rock salt was given. They were instructed strictly not to practice *Diwaswapan, Ratrijagarana, Atibhashya* etc.^[8] during *Tuvaraka* administration.

Statistical analysis: Percentage of improvement in each parameter of both the treated groups is calculated. The student t test is applied to the statistical data for eva-

luating the difference in the before and after treatment scores.

Observations and Results: The clinical data shows that demographic distribution of the 30 subjects in each group, where maximum no. of subjects were in 35-60 age group, Hindu community, secondary school level educated and from middle class family. Among the presenting features of psoriasis, 100% subjects were having scaling over skin

whereas only 26.6% patients were having itching over skin lesion. 66.6% reported pain as a symptom and 73.2% subjects had erythema on the lesions. The relief was 69.47% in *Kandu*, 68.88% in *Mastyasakolapamam*, 70 % in *Daha*, 76.66% in *Rukshyata* and *Aswedana*, 75% in *Srava*, 71.42% in *Bahalatva* and 60% in *Unnati*. The results found were statistically significant in all the parameters except *Srava* [Table 1].

Chief complaints	com-	N	Mean		% Relief	S.D. Ē	S.E. Ē	T	P
			B.T.	A.T.					
<i>Mandala</i>		24	2.5	1	60	0.759	0.2	7.38	<0.01
<i>Matsya Shaka-lopama</i>		25	2.46	0.26	68.88	0.83	0.21	9.90	<0.01
<i>Rukshata</i>		24	2.14	0.5	76.66	0.92	0.24	6.61	<0.01
<i>Aswedanam</i>		20	2.6	0.6	76.92	0.94	0.29	6.70	<0.01
<i>Daha</i>		10	2	0.4	70	0.69	0.22	7.23	<0.01
<i>Bahalatva</i>		12	2.33	0.66	71.42	0.77	0.5	7.41	<0.01
<i>Sravva</i>		2	2	0.5	75	0.70	0.5	3	>0.05
<i>Unnati</i>		20	3.5	1.4	60	0.56	0.17	11.69	<0.01
<i>Kandu</i>		25	2.5	0.26	69.47	0.79	0.20	10.69	<0.01

Table 1: Effect of therapy on features of Psoriasis in Group A

Maximum relief was found in Auspitz sign by 66.66 %, Koebner reaction 70% and 61.48% result was found in Candle grease sign. All the results were statistically significant [Table 2].

Clinical signs	N	Mean		% Relief	S.D. Ē	S.E. Ē	T	P
		B.T.	A.T.					
Auspitz sign	22	1.70	0.58	66.66	0.57	0.16	7	<0.001
Candle grease sign	24	1.9	0.3	61.48	0.51	0.13	11.44	<0.001

Koebner sign	10	2	0.6	70	0.54	0.24	5.71	<0.01
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Table 2: Effect of therapy in Group A sign wise distribution

Maximum relief was found in *Rukshyata* and *Srava* (100 %), in *Daha* 87.5% in *Unnati* and *Bahalatwa* 86.48 %, 86.66% respectively and 84.09 in *Mandala*, 83.33 % in *Aswedanam*, and 85% in *Matsya Shakalopama* [Table 3].

Chief complaints	N	Mean		% Relief	S.D.	S.E.	T	P
		B.T.	A.T.					
<i>Mandala</i>	30	3.1	0.5	84.09	0.84	0.22	11.4	<0.001
<i>Matsya Shakalopama</i>	24	2.85	0.3	85	0.91	0.24	11.11	<0.001
<i>Rukshata</i>	30	2.4	00	100	0.84	0.21	9.16	>0.05
<i>Aswedanam</i>	23	3.30	0.4	83.11	1.06	0.29	7.27	<0.001
<i>Daha</i>	27	3.42	0.4	87.5	0.81	0.30	9.72	<0.001
<i>Bahalatva</i>	10	13	0.4	86.66	0.84	0.26	9.75	<0.001
<i>Srava</i>	3	1.5	00	100	0.70	0.5	3	>0.05
<i>Unnati</i>	21	3.3	0.4	86.48	1.04	0.31	9.23	<0.001
<i>Kandu</i>	15	2.4	0.7	70.27	0.70	0.18	9.53	<0.001

Table 3: Effect of therapy on features of Psoriasis in Group B

Maximum relief was found in Auspitz sign by 90.90% and in Candle grease sign by 87.27% and 76.66% result was also found in Koebner reaction.

Clinical signs	N	Mean		% Relief	S.D.	S.E.	T	P
		B.T.	A.T.					
Auspitz sign	21	2	0.18	90.90	0.40	0.12	14.90	<0.001
Candle grease sign	24	1.57	0.25	87.27	0.42	0.11	10.66	<0.001
Koebner sign	3	2	0.4	76.66	0.57	0.33	4	>0.05

Table 4: Effect of therapy in Group B sign wise distribution

Complete remission was found in 53.33 % in group A while 80% was found in group B. Marked improvement was found in 46.67 % patients in group A, in 20 % patients in group B. Improve-

ment was found in 0% patients in group A, 0% patients in group B. No patients remained unchanged in group A and group B [Table 5].

Result	Group A	%	Group B	%
Complete remission	18	53.33	22	80
Marked improvement	12	46.67	08	20
Improvement	-	-	-	-
Unchanged	-	-	-	-

Table 5: Total Effect of therapy

DISCUSSION:

Looking at the impact of psoriasis in society, it is necessary to find out effective, safe and cheap medication in Ayurveda. According to Ayurveda all the skin disease come under broad *Kushtha*. It is difficult to say what psoriasis is; in terms of Ayurveda. There is no any *Tvaka Roga* in Ayurveda, which can exactly be co-related with psoriasis. All research workers included psoriasis under *Kshudrakushtha*. But specific type correlation was done with *Sidma*, *Mandala*, *Kitibha* and *Ekakushtha*. The symptoms of *Sidhma* found in *Urdhvakaya* but in psoriasis the lesion are distributed all over the body. Scaling which is *Raja Sama* but in psoriasis silvery scaling is seen so *Sidhma* is not correlated with psoriasis. In *Kitibha* the lesions are *Sukshma* (small) and *Sravi* (exudation). But to contrary that in psoriasis the lesions are larger (plaque) and dry. So, *Kitibha* may not be co-related with Psoriasis. Psoriasis is considered as one of the type of *Kushtha* i.e. *Kshudra Kushtha* under the heading of *Eka- Kushtha*. *Ekakushtha* is accepted as Psoriasis because the description and characteristic features of it are co-inciding with description of psoriasis than any

other type of *Kushtha*. In present study management of psoriasis was done with *Virechana* and *Shodhana* with Rasayana. As *Acharyas* has told that *Rasayana* should be carried out after *Shodhana*.^[9] It is understand that after *Shodhana* only superior *Rasayana* effect will be achieved. Effect of therapy on symptoms of disease shows, in Group A relief was 69.47% in *Kandu*, 68.88% in *Mastysakolapamam*, 70 % in *Daha*, 76.66% in *Rukshyata* and *Aswedana*, 75% in *Srava*, 71.42% in *Bahalatva* and 60% in *Unnati* whereas in group B it shows that, maximum relief was found in *Rukshyata* and *Srava* (100 %), in *daha* 87.5% in *Unnati* and *Bahalatwa* 86.48 %, 86.66% and 84.09 in *Mandala*, 83.33 % in *Aswedanam*, and 85% in *Matsya Shakalopama*. So it proves that *Shodhana* gives better relief but *Rasayana* followed by *Shodhana* gives preminent results the reason may be as below. Rejuvenatory therapy is unsuitable to him who has not undergone purificatory therapies earlier just as dying a dirty cloth does not make the color shine bright.^[10] Sign wise effect also shows additional effect in group B than Group A. the reason may be *rasayana*^[11] mostly act on deep *Dhatus* so skin will be benefited with *Tuvaraka* prop-

erties. Total effect of therapy show complete remission was found in 53.33 % in group A; while 80% was found in group B. Marked improvement was found in 46.67 % patients in group A, in 20 % patients in group B. with this it can be understand that *Shodhana* has superior hand in the treatment of psoriasis as explained by *Vagbhata*.^[12]

CONCLUSION:

Ekakushtha being a *Kshudra Kustha* has *Vata-Kapha* dominance and even involvement of *Tridosha* can be evident from its signs and symptoms. *Ekkushtha* in modern parlance has similarity with Psoriasis. Most of the patients were reported in the chronic stage of Psoriasis. Negligence in early stage and recurrence of Psoriasis is common phenomenon. The disease used to aggravate during winter season and in dry weather. It can be concluded that *Tuvaraka Rasayana* along with the *Shodhana (Virechana)* proved to be an effective therapy and recurrence could also be prevented.

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