

EVALUATION OF VIRECHANA KARMA AND SIRAVEDHA KARMA IN EK-KUSHTHA (PSORIASIS) – A PILOT STUDY

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ABSTRACT

Skin reflects our emotions and it is a link between internal and external environment. Among all skin diseases, *Ekkushtha* (Psoriasis) is a very distressing disease both for the patients and physicians because of its pathogenic mechanism. Psoriasis is a non-contagious chronic inflammatory skin disease that affects more than 2% of adult population. According to *Ayurveda*, *Samshodhana* is the supreme treatment because of its capacity to eliminate the excessive *Doshas*. *Ekkushtha* particularly has excessive accumulation of *Doshas* and is *Chirakari* in nature. Hence *Samshodhana* therapy seems to be the first line of treatment in *Ekkushtha*. The classics also emphasize on repeated *Shodana* in *Kushtha*. Along with this; vitiation of *Rakta* and *Pitta* is also mentioned in all *Twaka Vikaras*. In this study *Virechana karma* and *Siravedhana* will be taken as a *shodhana*. **Aim:** To evaluate the efficacy of *Virechana karma* and *Siravedha karma* in *Ekkushtha*(Psoriasis) **Materials & Method:** A pilot study with *Virechana karma* followed by *Siravedha karma* was done on 10 patients of *Ekkushtha*. **Results:** Significant results showed in PASI Score, number of patches, skin lesions, scaling etc. **Conclusion:** *Virechana* and *Siravedha karma* are efficacious in *Ekkushtha* (Psoriasis).

Keywords: *Ekkushtha*, *Virechana*, *Siravedha*, Psoriasis

INTRODUCTION

Skin reflects our emotions and it is a link between internal and external environment. It provides individual identity in the society & maintains beauty and personality. Many interrelated factors affect both the appearance and health of the skin, including nutrition, hygiene, circulation, age, immunity, genetic traits, drugs and ¹. India has an incidence approaching 1% i.e. less than European countries.

psychological state. So important is the skin to one's image that people spend much time and money to restore skin to a more normal or youthful appearance.

Psoriasis is a chronic, autoimmune disease that appears on the skin. There is about 2.5 % of whole world population today who are suffering from psoriasis. Psoriasis occurs when the immune system sends out faulty signals that speed up the

growth cycle of skin cells. Psoriasis is not contagious. It commonly causes red, scaly patches to appear on the skin, although some patients have no dermatological symptoms. The scaly patches commonly caused by psoriasis, called psoriatic plaques, are areas of inflammation and excessive skin production. Skin rapidly accumulates at these sites which gives it a silvery-white appearance.

The cause of psoriasis is not fully understood, but it is believed to have a genetic component and local psoriatic changes can be triggered by an injury to the skin known as Koebner phenomenon. It has been found in large survey 1/3rd of patients have a positive family history. Various environmental factors have been suggested as aggravating to psoriasis including stress, withdrawal of systemic corticosteroid, excessive alcohol consumption, and smoking but few have shown statistical significance. There are many treatments available, but because of its chronic recurrent nature psoriasis is a challenge to treat.²

On the basis of signs and symptoms, psoriasis can be correlated with *Eka-kushtha* described in *Ayurveda*³.

According to *Ayurveda* three types of *Chikitsa* are described by *Acharyas* among them *Samshodhana* is first and the supreme; because of its capacity to eliminate the excessive *Doshas*. *Kushtha* in general and *Ekakushtha* particularly have excessive accumulation of *Doshas* and is *Chirakari* in nature. Hence *Samshodhana* therapy seems to be the first line of treatment in *Ekakushtha*. The classics also emphasize on repeated *Shodana* in *Kushtha*. Along with this; vitiation of *Rakta* and *Pitta* is also mentioned in all *Twaka Vikaras*. In this study *Virechanaa karma* and *Shiravedhana* will be taken as a *shodhana*.

Need of the study:

Various studies had been conducted about the efficacy of *Virechanaa And Raktamokshna* on *Ekakushtha* (Psoriasis) in various centres and it is proven to be effective. So in this study an attempt will be made to study the action of particular *Virechanaa* yoga in psoriasis, *Siravedhana* in types of *Raktamokshana*.

AIMS & OBJECTIVES OF THE STUDY:

- To evaluate the efficacy of *Virechanaa Karma and Shiravedhana* in the management of *Ekakushtha* (Psoriasis)

MATERIALS AND METHODS:

Study Design:

Study Type: Interventional

Purpose : Treatment

Masking : Open label

Control : Controlled

Timing : Prospective

End Point : Efficacy and Safety

Subjects : 10

- **Selection of patients:** Patient suffering from *Ekakushtha* (Psoriasis) was selected from the O.P.D & I.P.D of I.P.G.T & R.A Hospital, Jamnagar irrespective of religion, sex, occupation, caste etc.
- **Diagnostic criteria:**
 - Patients were diagnosed on the basis of classical signs and symptoms of *Ekakushtha* (Psoriasis).
 - A special proforma was prepared & detailed history was taken along with examinations as per proforma. Clinical tests like Auspitz sign, candle grease sign etc will be carried out to confirm diagnosis.
- **Inclusion Criteria:**

Patients with all forms of *Ekakushtha* (Psoriasis) who are clinically fit to undergo *Virechanaa* and *Shiravedhana*
Age- 16 to 60 years

- Gender- Both Males and females
- **Exclusion Criteria:**
Patients who are clinically unfit for *Virechanaa* and *Shiravedhana*
Age <16yrs & >60yrs.
Pregnant women
Uncontrolled Diabetes Mellitus & Hypertension
Any other serious systemic illness
Chronicity more than 10 years
Patients who are not willing to be included in the study
 - **INVESTIGATION**
Blood- Hb, TLC, DLC, ESR, CT, BT,

- Urine-Routine & Microscopic examinations
Biochemical- RBS, LFT, RFT, Lipid profile, serum calcium were done before
Treatment to rule out any other systemic and serious illness
- In this pilot study classical *Virechanaa Karma* was administered followed by *Siravedhana* was done in 10 patients.
 - Follow up was taken for one month after completion of treatment.
- PROCEDURE, DRUG, DOSE & DURATION**
VIRECHANAA KARMA (Table 1)

Procedure	Drug & Dose	Duration
<i>Deepana & Pachana</i>	<i>Trikatu</i> -2gm/3times a day with warm water	3-5 Days.
<i>Snehapana</i>	Plain <i>Go- Ghrita</i> (as per <i>Kostha & Agni</i>)	3-7 Days.
<i>Abhyanga: Bashpasweda</i>	<i>Bala Taila</i> <i>Dashmool kwatha</i>	3 Day.
<i>Virechanaa Karma</i>	<ul style="list-style-type: none"> • <i>Triphala kwatha</i> 4 part(100gm) • <i>Trivrit Kwatha</i> 2part (50gm) • <i>Danti Kwatha</i> 1 part(25gm) 	1 Day.
<i>Sansarjan Karma</i>	Diet (as per <i>Shuddhi</i>)	3-7 Days.

Methodology of Siravedha:

- Intervention: *Raktamokshana* (*Bloodletting*)
- Type: *Siravedha* (Vene-puncture)
- Instrument: Scalp vein no.20
- Volume: 30ml to 60ml (According to condition and severity of disease)
- Duration: Total 4 sittings , 1 sitting per 7 days
- Site: Median cubital vein

Poorva Karma:

1. *Yavagu* / light diet before 1-2 hours of *Siravedha*.
2. Local *Snehana* by using *Tila Taila*(*Sesame oil*) followed by *Nadi Swedana*.

Pradhan Karma: After proper *Yantrana*, *Siravedha* was done from the upper limbs on alternate limbs per every sitting

Paschat Karma: After proper hemostasis, aseptic dressing with *Haridra*(*Curcuma longa*) *Churna* was applied along.

Observation:

Chief complaints seen in 10 patients of psoriasis (Table 2)

Chief complaints	No of patients	%
Mandala (erythema)	07	70%
Scaling	10	100%
Dryness (<i>Rukshta</i>)	08	80%
Itching (<i>kandu</i>)	10	100%
Burning sensation (<i>daha</i>)	05	50%
Epidermal thickening (<i>bahaltva</i>)	06	60%

Discharge	04	40%
Elevation of lesion	06	60%

Scaling and itching was found in all the patients followed by Rukshta in 80% and *mandala* in 70% others findings are as per table 2.

Type of psoriasis seen in 10 patients (Table 3)

Type	No of patients	%
Plaque	07	70%
Erthrodermic	03	30%
Guttate	00	00
Inverse	00	00

Plaque psoriasis was found in 70% of patients while erythrodermic was found in 30%

Type of Suddhi of Virechana Karma seen in 10 patients of psoriasis (Table 4)

Type of suddhi	No of patients	%
Avara Suddhi	2	20%
Madhyam Sudhi	7	70%
Pravara Suddhi	1	10%

Madhyam suddhi was found in 70% of patients while *Avara suddhi* was found in 20% of patients

Average Blood Collection during Shiravedhana (Table 5)

Average Blood Collection Per Sitting	Average Blood Collection In 4 Sitting
65.87ml	263.5ml

Effect Of Therapies On Sign And Symptoms Of Psoriasis (Table 6)

Scaling (<i>Matsyshakalopama</i>)											
Subject		BT	AT	Diff.	%	W	T+	T-	N.P.	'P'	HS/S/IS
N=10	Mean	2.20	0.90	1.30	59.09	45	45	00	09	0.003	HS
	S.D.	0.63	0.31								
	S.E.	0.20	0.10								
Mandal (<i>Erythema</i>)											
Subject		BT	AT	Diff.	%	W	T+	T-	N.P.	'P'	Hs/S/Is
N=10	Mean	2.30	1.00	1.30	56.52	45	45	00	09	0.0039	Hs
	S.D.	0.48	0.66								
	S.E.	0.15	0.21								
Kandu (<i>Itching</i>)											
Subject		BT	AT	Diff.	%	W	T+	T-	N.P.	'P'	Hs/S/Is
N=10	Mean	2.60	1.10	1.50	57.69	55	55	00	06	0.002	Hs
	S.D.	0.51	0.73								
	S.E.	0.16	0.23								
Bahlatva (<i>Thickening Of Skin Lesion</i>)											
Subject		BT	AT	Diff.	%	W	T+	T-	N.P.	'P'	Hs/S/Is

N=10	Mean	2.10	0.80	1.30	61.90	55	55	00	10	0.0020	Hs
	S.D.	0.87	0.63								
	S.E.	0.27	0.20								
Aswedanam											
Subject		BT	AT	Diff.	%	W	T+	T-	N.P.	'P'	Hs/S/Is
N=10	Mean	1.60	0.80	0.80	50.0	36	36	00	08	0.007	Hs
	S.D.	0.84	0.42								
	S.E.	0.26	0.13								
Rukshta(Dryness)											
Subject		BT	AT	Diff.	%	W	T+	T-	N.P.	'P'	Hs/S/Is
N=10	Mean	2.10	0.80	1.30	61.90	45	45	00	09	0.0039	Hs
	S.D.	0.87	0.63								
	S.E.	0.27	0.20								
Daha(Burning Sensation)											
Subject		BT	AT	Diff.	%	W	T+	T-	N.P.	'P'	Hs/S/Is
N=10	Mean	1.60	0.50	1.10	68.75	55	55	00	10	0.0020	Hs
	S.D.	0.51	0.52								
	S.E.	0.16	0.16								
Srava(Discharge)											
Subject		BT	AT	Diff.	%	W	T+	T-	N.P.	'P'	Hs/S/Is
N=10	Mean	0.90	0.30	0.60	66.66	21	21	00	06	0.031	Hs
	S.D.	0.73	0.48								
	S.E.	0.23	0.15								
Unnati											
Subject		BT	AT	Diff.	%	W	T+	T-	N.P.	'P'	Hs/S/Is
N=10	Mean	2.1	0.90	1.20	57.14	45	45	00	09	0.0039	Hs
	S.D.	1.01	0.73								
	S.E.	0.34	0.23								
Candle Grease Sign											
Subject		BT	AT	Diff.	%	W	T+	T-	N.P.	'P'	Hs/S/Is
N=10	Mean	1.80	0.90	0.90	50	45	45	00	09	0.0039	Hs
	S.D.	0.63	0.31								
	S.E.	0.20	0.10								
Auspitz Sign											

Subject		BT	AT	Diff.	%	W	T+	T-	N.P.	'P'	Hs/S/Is
N=10	Mean	1.80	0.80	0.90	50	36	36	00	09	0.0078	Hs
	S.D.	0.63	0.63								
	S.E.	0.20	0.20								
Koebner Phenomena											
Subject		BT	AT	Diff.	%	W	T+	T-	N.P.	'P'	Hs/S/Is
N=10	Mean	1.40	0.50	0.90	64.28	28	28	00	07	0.015	S
	S.D.	0.96	0.52								
	S.E.	0.30	0.16								

Relief found in chief complaints like scaling, Mandal, Kandu, Bahalatva, Asweadana, Rukshata, Daha, Srava, Unnati, was 59.09%, 56.52%, 57.69%, 61.90, 50%, 61.90%, 68.75%, 66.66%, and 57.14% respectively. Which was statistically highly significant in all complaints (p<0.005)

while decrease found in candle grease sigh, auspitz sign and koebner phenomena was 50%, 50% and 64.28 which was statistically highly significant.(p<0.005) (table 1)

Effect of Therapies on Psoriasis Area Severity Index (PASI) Score in Patients of Psoriasis (Table 7)

Group		BT	AT	Diff.	%	W	T+	T-	N.P.	'p'	HS
n=10	Mean	22.44	12.08	10.36	46.16↓	55	55	0	10	<0.003	HS
	S.D.	4.7	3.2								
	S.E.	1.48	1.04								

Decrease found in PASI score was 46.16, which was statistically highly significant.(p<0.003)

Effect of therapies on haematological parameters (Table 8)

Hematological parameters	Group	Mean	Dif.	Change %	Paired "t" test				
					S.D	S.E	T	P	S/IS
Hb	BT	13.90	0.03	0.21	1.62	0.51	0.04	0.96	IS
	AT	13.87			1.37	0.43			
RBC Count	BT	5.02	0.15	2.98	0.95	0.30	0.39	0.69	IS
	AT	4.8			0.81	0.25			
WBC Count	BT	6340	80.0	1.26	1547	489	0.11	0.91	IS
	AT	6420			1693.6	535			
Neutrophils	BT	57.0	1.60	2.80	10.37	3.2	0.37	0.71	IS
	AT	55.4			8.6	2.7			
Lymphocytes	BT	33.8	-1.0	2.95	9.72	3.07	0.25	0.80	IS
	AT	34.8			7.49	2.37			
Eosinophils	BT	5.20	0.80	15.38	3.15	0.99	0.60	0.55	IS
	AT	4.40			2.71	0.85			
Monocytes	BT	3.00	0.50	16.66	0.47	0.14	-1.34	0.19	IS
	AT	2.50			1.08	0.34			
Platelets	BT	302300	100	0.03	111829	35363	0.002	0.99	IS
	AT	302400			108749	34389			
PCV	BT	42.15	-0.58	1.37	4.26	1.34	-0.58	0.75	IS

	AT	41.57			3.80	1.20			
ESR	BT	12.200	-1.00	8.19	8.13	2.57	-0.24	0.81	IS
	AT	13.200			10.20	3.22			

All the hematological parameters are within normal limits before and after treatments and there was no statistically changes found in any parameters. ($p>0.05$)

Effect of therapies on Biochemical parameters (Table 8)

Biochemical Parameters	Group	Mean	Dif.	Change %	Paired "t" test				
					S.D	S.E	T	P	S/IS
FBS	BT	71.70	5.20	7.2	11.43	3.61	1.26	0.22	IS
	AT	76.90			6.13	1.94			
S. Cholesterol	BT	138.60	8.20	5.91	23.44	7.41	0.69	4.94	IS
	AT	146.80			28.84	9.12			
S. Triglyceride	BT	109.90	4.90	4.45	27.0	8.53	0.36	0.72	IS
	AT	114.80			32.94	10.41			
HDL	BT	35.0	2.20	6.28	4.19	1.32	0.72	0.48	IS
	AT	37.20			8.69	2.74			
Blood Urea	BT	25.60	0.50	1.95	5.37	1.70	0.22	0.82	IS
	AT	25.10			4.67	1.47			
S. Creatinine	BT	0.79	0.10	12.65	0.35	0.11	0.77	0.45	IS
	AT	0.89			0.20	0.06			
SGOT	BT	54.20	2.60	4.79	113.53	35.90	0.054	0.95	IS
	AT	51.6			98.71	31.21			
SGPT	BT	50.90	7.40	14.53	89.04	28.15	0.16	0.87	IS
	AT	58.30			110.6	34.99			
S.CALCIUM	BT	9.65	0.04	0.44	0.49	0.15	0.15	0.87	IS
	AT	9.61			0.63	0.20			
T.PROTEIN	BT	6.22	0.17	2.73	0.20	0.06	0.38	0.70	IS
	AT	6.05			1.37	0.43			
URIC ACID	BT	5.76	0.94	16.31	2.05	0.65	1.06	0.30	IS
	AT	4.82			1.87	0.59			

All the biochemical parameters are within normal limits before and after treatments and there was no statistically changes found in any parameters. ($p>0.05$)

DISCUSSION

Describing the line of treatment of *Kushtha*, *Acharya Charaka* has advocated *Virechanaa karma* and *Raktamokshana* for *Pitta Pradhana Dosh* and *Rakta Pradhana Dusti*⁴ *Kushtha* in general and *Eka-kushtha* particularly have excessive accumulation of *Doshas* and is *Chirakari* in nature. Hence *Samshodhana* therapy seems to be the first line of treatment in *Eka-kushtha*. The classics also emphasize on repeated *Shodana* in *Kushtha*. The texts of *Ayurveda* consider *Rakta Dusti* as one of

the prime causes of skin diseases; on the other hand, patients may get relief after letting out the vitiated blood. *Sushruta* provides practical guidelines for blood-letting and claims it as most effective therapy in half of all ailments⁵.

Scaling also called hyperkeratinisation is due to vitiation of *Tridosha Virechanaa* and *Shiravedhana* acts on all *Doshas* and control scaling. **Rukshata** due to mainly due to *vata Dosh*, *Virechana* correct it's by *Vatanuloman* and ultimately reducing *Rukshta*. **Aswedan** is due to the obstruction in *swedavaha srotas virechana* and *shiravedhana* by *Sroto-shodhak* property opens the micro channels and improves circulation resulting in perspiration. **Daha**

is mainly due to *Pitta Dosha* and *Rakta Dusti Virechana* removes vitiated *Pitta Dosha* and *Shiravedha* removes vitiated *Rakta* thus reducing in *Daha*. **Mandal** is mainly associated with *Pitta Dosha* which was eliminated by *Virechana karma*. **Bahaltva** mainly associated with *Pitsta-Kapha Dosha* and *Rakta Dushya Virechana* with *Pitta Kaphahara* property and *Raktamokshana* correct *Rakta Dhatu*, thus reduces *Bahaltva*. **Unnati** is mainly due to *kapha Dosha* and *Rakta Dushya*, which is corrected by *Virechanaa* and *Shiravedhana*. **Kandu** indicates the involvement of *Kapha*, *Ras* and *rakta dushya*, *Virechanaa* has *pitta shodhaka* and *Rasa Rakta Prasadana* property⁶ which may be the reason behind reduced *kandu*.

Candle grease indicates extremely increased *Ruksha* and *khara Guna* in *Twaka* caused by *Vata Dosha*. *Virechanaa* pacifies *Vata Dosha* and thus reduces candle grease. **Auspitz sign** is mainly due to *Pitta Dosha* and *Rakta Dushya*, *Virechana* and *Shiravedhan* ultimate therapy for *Pitta Dosha* and *Rakta Dushti*. **koebner phenomena** is due to *Pitta And Vata Dosha Virechana* removing *pitta* and *vata dosha*. *Shuddha rakta* is responsible for maintaining the normal colour of the skin as well as the normal touch sensation⁷. As *Raktamokshana* removes *Dushta rakta*, it leads to *samprapti bhang*. So, *Raktamokshanaby sira-vyadh* helps control the symptoms in *Ekkushtha*.

If one considers the pathological process, it is clear that *Ekkushtha* or psoriasis is an immune-mediated disease caused by abnormal inflammatory process in the dermis involving inflammatory chemical mediators such as tumour necrosis factor - α , interleukins, etc⁸. *Raktamokshana* leads to effective removal of these inflammatory mediators from the blood stream, which leads to stoppage of chronic inflammatory

process that is responsible for the psoriasis.

CONCLUSION:

From above study it can be concluded that *Virechana karma* and *Raktamokshan (Shiravedhana)* were good effective in the reducing sign and symptoms of psoriasis.

Also can be concluded that there was no changes occurs in hematological and biological parameters by *Shiravedhana Karma*

As it was just a pilot study to find out combine effect of *Virechana* and *Raktamokshana* to manage psoriasis effectively.

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