



## Review Article

www.ijrap.net



### CRITICAL APPRAISAL OF VIRECHANA KARMA IN PSORIASIS

M Ashvini Kumar<sup>1\*</sup>, Pujar Muralidhar<sup>2</sup>

<sup>1</sup>Ph.D Scholar, Associate Professor and Head, SDM College of Ayurveda and Hospital, Hassan, Karnataka, India

<sup>2</sup>Professor, Department of PG studies in Panchakarma, SDM College of Ayurveda and Hospital, Hassan, Karnataka, India

Received on: 29/06/13 Revised on: 27/07/13 Accepted on: 10/08/13

#### \*Corresponding author

E-mail: ashvinipanchakarma@gmail.com

DOI: 10.7897/2277-4343.04429

Published by Moksha Publishing House. Website www.mokshaph.com

All rights reserved.

#### ABSTRACT

Psoriasis is one of the commonest skin disease characterized by raised silvery scaly lesions. Though many treatments are tried in the management of psoriasis, cure is not been possible till date. Patients with Psoriasis approach various healthcare systems with a hope to get cure. Though, complete and prolonged clearance is the preferred outcome, resolution of disease is the primary therapeutic objective for patients as well as health providers. Psoriasis can be understood as a variety of Kushta (skin disease) and correlated to many sub divisions of Kushtha. Ayurveda advocates Shamana (palliative) and Shodhana (purificatory) measures for its prevention as well as curative aspect. Virechana (therapeutic purgation) is one among the commonly advocated Shodhana therapy in the management Kushta. Moreover, Virechana is frequently administered in the management of psoriasis and it is believed to normalize the basic pathologic factor viz Pitta and Rakta. Preoperative, operative and post operative care during Virechana Karma is more important to yield better outcome. An attempt is made to compile and analyze few researches carried out on Virechana on psoriasis to ascertain the modality.

**Keywords:** Psoriasis, Kushta, Virechana Karma, Shamana, Shodhana

#### INTRODUCTION

Psoriasis is a common dermatological disorder in India with prevalence and epidemiological characteristics similar to the presentation of disease in West which varies from 0.44 to 2.8 %<sup>1</sup>. Psoriasis is a non infective inflammatory skin disorder with lesion size varies from few millimeters to several centimeters. Individual lesions are well demarcated, red with dry silvery white scaling. Lesions most commonly are seen on elbow, knee and lower back<sup>2</sup>. Psoriasis is considered as a one type of Kushtha and may be well correlated to either Ekakushta, Kitibha or Sidhma due to the resemblance of signs and symptoms. In all the Kushta basically Saptadravya<sup>3</sup> i.e. Tridosha (Vata, Pitta, Kapha), Twak, Rakta, Mamsa, Lasika have important role in manifestation, but still the end result of kushtha shows its sign and symptoms depending upon predominance of Dosha in its pathogenesis. So based on these clinical features underlying Dosha can be understood and specific line of treatment may be planned<sup>4</sup>. To study the treatment of Kushtha systematically it is necessary to look at three principles of the treatment which are described in Krimi Chikitsa i.e. Samshodhana, Samshamana and Nidana Parivarjana<sup>5</sup> separately. All Acharya's have emphasized on Shodhana therapy in the management of Kushtha. The therapy which expels out the morbid Doshas from the body is known as Shodhana. By nature, Kushtha is difficult to cure disease, so it is called 'Duschikitsya'. But by the application of Shodhana therapy, cure of the disease becomes easier due to removal of the root cause, hence Shodhana has great importance. Shodhana may be administered based on predominance of vitiated Dosha.<sup>6</sup> For instances in Vata dominance Ghritapana, in Kapha dominance Vamana and in Pitta dominance Virechana,

Raktamokshana may be carried out. In excessive morbidity of the Doshas repeated Shodhana should be performed at regular intervals i.e. Vamana Karma once in 15 days; Virechana once in month; Raktamokshana once in 6 months; Nasya Karma once in 3 days.<sup>7</sup> Sushruta has advised to carry out 'Ubhayato Samsodhana' even at the Purvarupa condition of Kushtha. Sushruta also advised Samsodhana in the treatment of Rasagata, Raktagata, Mamsagata and Medogata Kushta. In Kushta the Raktha Dhatu is considered as one of the main Dhatu which is responsible for Prasara stage of Kushta Samprapti. Pitta Dosha and Raktha Dhatu have Ashraya-Ashryi relationship, hence treatment modality of Pitta Dosha and Raktha Dhatu complimenting to each other. Virechana is most important measure of Shodhana for Kushtha. Though it is a specific modality for the elimination of Pitta Dosha but it is also effective upon Kapha and Rakta. It is less stressful procedure than Vamana and has less possibility of complications. It is widely used as a Shodhana therapy in routine. Many studies are carried out to explore the efficacy of Virechana Karma in Psoriasis. Among them, outcome of few studies are discussed here.

#### Review of Researches

Gautham Alva (Hassan, 2005)<sup>8</sup> treated twenty patients of Ekakushta (Psoriasis) in 2 groups. Pure Ghee group and Pancha Tikta Ghee group each consisting of 10 patients. In both the groups Snehapana was continued till Samyak Snigdha Lakshanas. Thereafter two days gap was observed wherein the patients were subjected to Abhyanga and Svedana once daily, on the third day Virechana was performed by the administration of Trivrit Leha 30 g and 2 Rechaka Vati.

### Effect of Virechana with Pure Ghee as Snehana

The Virechana performed by using pure ghee for Snehana provided significant relief in Scaling (75 %), Mandala (55 %), Kandu (30 %), Asvedam (50 %), Rookshata (100 %) and Candle Greeze sign (75 %). In Pure Ghee group 40 % patients showed marked improvement and 40 % moderate improvement and 20 % patient got mild improvement. The Virechana performed by using Panchatikta ghee for Snehana provided significant relief in Scaling (91.67 %), Mandala (87.5 %), Kandu (92.60 %), Daha (81.82 %), Asvedam (100 %), Rookshata (100 %), Candle Greeze sign (100 %) and Auspitz sign (100 %). In this group, 10 % patient got complete remission, 60 % had marked improvement, 20 % moderate improvement and 10 % patients had mild improvement.

Praveen B S (Hassan 2008)<sup>9</sup> studied the effect of Virechana Karma in Eka Kushta (psoriasis), initially the patients were given Panchakola Churna in the dosage of 3 g twice daily with lukewarm water till the appearance of Nirama Lakshanas. Then patients were administered Murchita Ghrita in increasing dosage till the appearance of Samyak Snigdha Lakshanas. Then Abhyanga with Tila Taila followed by Bashpa Sveda was given for three consecutive days. The next day Manibhadra Vataka was given as Virechana Yoga in the dosage of 50 g once orally. After proper Virechana the patient were kept on Samsarjana Krama according to the type of Shuddhi achieved.

### Effect of Virechana karma on Eka Kustha

Virechana karma has provided significant improvement over symptoms of the Eka Kustha as it shown highly significant over Matsya shakala with p Value <0.001, significant over Mandala <0.05, significant over Aswedanam <0.01, highly significant over Rukshata <0.001, highly significant over Candlegreeze Sign <0.001, significant over Auspitz Sign <0.01, not significant over Koebner Phenomenon > 0.10, significant over Kandu <0.01 and significant over Daha <0.01.

Anila M (Hassan 2010)<sup>10</sup> selected 30 patients of Ekha Kushta (Psoriasis) and they were divided randomly into Fixed Arohana Matra group (F-group) and Non-Fixed Arohana Matra group (NF-group) with 15 patients in each group. In F group after attainment of Nirama Lakshanas, on the first day Hrusiyasi Matra i.e. 30 ml of Panchatikta ghee as Sneha was given and dose of Sneha was increased in multiples of Hrusiyasi Matra daily till the appearance of Samyak Snigdha Lakshanas. In NF group, after attainment of Nirama Lakshanas, on the first day Hrusiyasi Matra i.e. 30 ml of Panchatikta ghee as Sneha was given and next day dose was calculated using the formula given: Next day Dose =  $P. D. D \times 9 \div /T.T$  (Where, T.T=Time taken in hours for the digestion of Sneha of previous day in hours, P.D.D. = previous day dose). In both the groups thereafter two days gap was observed where in the patients were subjected to Abhyanga and Svedana once daily, on the third day Virechana was performed by the administration of 80 g Trivrita Leha.

### Fixed Arohana Matra Group

This group provided significant improvement after treatment in the over symptoms of the Eka Kustha as it shown highly significant over Matsya shakala with p Value <0.001, significant over Mandala <0.05, highly significant over Aswedanam >0.05, highly significant over Rukshata <0.001, significant over Candlegreeze Sign >0.05, highly significant over Auspitz Sign <0.01, >0.10, highly significant over Kandu <0.001 and significant over Daha <0.05.

### Non-Fixed Arohana Matra Group

This group provided significant improvement after treatment in the over symptoms of the Eka Kustha as it shown highly significant over Matsya shakala with p Value <0.001, less significant over Mandala <0.05, highly significant over Aswedanam <0.01, highly significant over Rukshata <0.001, highly significant over Candlegreeze Sign <0.001, highly significant over Auspitz Sign <0.01, highly significant over Koebner Phenomenon > 0.10, highly significant over Kandu <0.01 and highly significant over Daha <0.01.

From this study it can be inferred that Non fixed Arohana Matra group has shown better results on Samyak Snigdha, Lakshanas of Ekakushta (psoriasis) after Snehapana and after Virechana than fixed Arohana Matra -group.

Praveen VD (2008)<sup>11</sup> carried out study on 25 patients having the sign and symptoms of Psoriasis. They were administered with 3-4 grams of Trikatu Choorna with Sukhoshna Jala or with Ksheera till Nirama Lakshanas were seen. Later Panchatikta Guggulu Ghrita was administered for Snehana till the attainment of Samyak Snigdha Lakshanas. Then Snehapana was stopped and Sarvanga Abhangya with Nimba Taila followed by Sarvanga Parisheka with Khadira Kashaya was performed for 4 days. On the 4<sup>th</sup> day Virechana Yoga of Trivrut, Triphala and Danti choorna (~10 g each) was administered with Souveeraka. Changes occurred in P.A.S.I. Score before and after the Virechana krama was found to be significant 0.002. Statistical data reveals the effect of Virechana karma in psoriasis in terms of scaling on upper limbs and both scaling and erythema on lower limbs was highly significant i.e. p= <0.001. Moreover there was 37.66 % reduction in total PASI Scoring i.e. p=0.002.

Girija (Udupi 2010)<sup>12</sup>, 20 Patients were given Chitrakadi Vati for Deepana- Pachana. Then Snehapana was administered with Mahatiktaka Ghrita till obtaining Samyak Snigdha Lakshanas. Then from next day of Samyak Snigdha Lakshana, Sarvanga Abhangya with Karanja Taila followed by Sarvanga Parisheka with Sidartaka Snana Choorna was performed for 4 days. On the 4<sup>th</sup> day Virechana was administered with Abhayadi Modaka. The effect of Virechana in Psoriasis was assessed by using PASI scoring. Changes occurred in P.A.S.I. Score before and after the virechana krama was found to be highly significant with P <0.001. The mean P.A.S.I. Score prior to Virechana Karma was 12.235 units. It reduced to 6.235 units after treatment. The change that occurred with the treatment was greater than

it would be expected by chance hence there was a statistically significant change. Study shows significant improvement of psoriasis (49.03 % improvement in P.A.S.I. score).

#### **Nitya Virechana in Psoriasis**

Nitya Virechana is explained for excessively accumulated Dosha condition like that of Jalodara Disease. Susruta recommends Nityavirechana for Kushta as it is a Bahudoshajanya Vyadhi. Daily morning Virechana Yogas can be administered to Kushta patients<sup>13</sup>. When compared to Virechana Karma, Nityavirechana can be easily employed without hospitalization even for Alpa Bala patients. B S Praveen<sup>14</sup> studied the effect of Nitya Virechana in Eka Kushta (psoriasis) patients, where initially patients were given Panchakola Churna in the dosage of 3 g twice a day with lukewarm water till the appearance of Nirama Lakshana. Then the patients were administered Nityavirechana with Manibhadra Vataka in the dosage of 20 g with lukewarm water daily morning on empty stomach for a period of one month.

#### **Effect of Nitya Virechana on Eka Kushta (Psoriasis)**

Nitya virechana has provided significant improvement over symptoms of the Eka Kushta as it shown highly significant over Matsya shakala with p Value <0.001, less significant over Mandala <0.01, not significant over Aswedanam >0.10, significant over Rukshata <0.01, highly significant over Candlegreetze Sign <0.001, significant over Auspitz Sign <0.01, not significant over Koebner Phenomenon > 0.10, highly significant over Kandu > 0.001 and not significant over Daha > 0.10.

#### **DISCUSSION**

Psoriasis is a chronic papulo squamous disorder of the skin of unknown etiology characterized by a chronic relapsing nature and variable clinical features. It follows an irregular course characterized by remissions and exacerbations. Psoriasis is co-related to many conditions like Kitibha, Sidhma, Vicharchika, Vaipadika, Darunaka, Ekakushta, Kitibha and Mandal Kushta. Irregular food habits, consumption of foodstuffs that are advised not to be eaten together (incompatible foods like dairy products with fish), excessive intake of yogurt, paneer, black gram, seafood, sour and salted items etc can activate the pathogenesis. The produced toxins accumulate in deep tissues like Rasa, Rakta, Mamsa and Laseeka. These toxins cause contamination of deeper tissues, leading to Psoriasis. Psoriasis is believed to occur due to vitiation of all the three Doshas (Vata, Pitta, Kapha) in varying degree. The predominance of Vata causes pain, dryness and scaling of skin. Pitta vitiation leads to burning sensation, redness, inflammation etc and that of Kapha causes rashes, itching, discharge, thickening of skin etc. From these signs and symptoms, the Doshic involvement is analyzed carefully in each patient, which is of utmost importance in the management of this disease. Just a glance is enough to diagnose the disease most of the time, but when it comes to the management it is equally difficult to select a proper modality many a times. As per Ayurvedic view, Psoriasis is considered as a Raktaja Disorder having vitiation of Doshas in greater extent.

Virechana Karma is one of the treatment modality for this ailment. Preoperative, operative and post operative care during Virechana Karma is most important to yield better outcome. In psoriasis the Doshas are situated in Twak and Agni is also deranged. Therefore Deepana-Pachana medicines prior to Snehapana are important, which helps in Ama Pachana and normalizing the Agni. Generally Shodhana Poorva Arohana Snehapana administered till Samyak Snigdha Lakshana or maximum 7 days. Gradual increase of dose of Sneha is important for loosening the bond between Dosha and Dushya, thereby helping in breaking the pathogenesis of psoriasis. The study conducted by Anila on fixed and non fixed dose of Snehapana prior to Virechana shown that in nonfixed Arohana matra group the percentage of reduction in Rukshata, Vedana, Srava, Vaivarnyam and Matsyashakalam was highly significant at p <0.001. The percentage of reduction in Kandu, Candlegreetze sign, Daha was significant at p <0.01. The percentage of reduction obtained in Mandala, Mahavastu, Aswedanam, was not significant. In Fixed Arohana snehana group the percentage of reduction in Rukshata, Kandu, Matsyashakala was highly significant at p <0.001. Reduction in Vaivarnyam, Srava, Vedana, Daha was significant at p <0.01. Reduction obtained in Mandala, Mahavastu, Auspitz sign and Candle grease was not significant. The study concluded that, Agni Anusara augmentation of dose of Sneha may provide better Samyak Snigdha, Dosha Utkleshana, Shuddhi and therefore better for Virechana in Psoriasis. The selection of appropriate Sneha for Snehapana is also important during preoperative procedure of Virechana, helping for proper Dosha Utkleshana. Many medicated Sneha like Panchatikta Ghrita, Mahatikta Ghrita, Khadiradi Ghrita and even Plain Ghee is also used for Shodhana Poorva Snehapana. In the study carried out by Gautham Alva<sup>15</sup> concluded that Pancha Tikta ghee group provided better relief in the signs and symptoms of Eka Kushta (psoriasis) in comparison to pure ghee. On the basis of this the use of Pancha Tikta ghee can be recommended for Snehana as Purvakarma for Virechana specially when performed for the management of Eka Kushta (Psoriasis). This may be due to specific affinity of the drugs present in the medicated ghee (Panchatikta ghee) towards Raktavaha Srotas, thereby helping in proper Dosha Utkleshana during Snehana. The medicine for Virechana Karma in Psoriasis is selected based on the Koshta of the client. Generally for Virechana Karma in Psoriasis drugs like Manibhadra Vatakam, Trivruth Lehya, Abhayadi Modaka etc are administered based on the Dosha-Dushyaadi factors. The outcome of the Virechana karma is also dependent on Samsarjana Krama, which helps in correcting the Agni there by breaks the pathogenesis of disease. The study carried out on effect of Virechana on psoriasis conducted by Praveen VD shown 37.66 % reduction of PASI at the level p=0.002 and study by Girija MN has shown 49.03 % reduction of PASI at the significance level of <0.001. Both these researchers have done one course of Virechana Karma. In the treatment of Kushta repeated Virechana Karma is indicated as expulsion of Dosha which shall be carried out little by little. If Virechana Karma is repeated once in a month

then more promising result would have been attained. Hence there is a need to carry out research in this regard. Nitya Virechana in the form of Anulomana is advised in the management of Psoriasis. But Nitya Virechana is not an alternative for classical Virechana Karma. The comparative study conducted by BS Praveen on Virechana and Nitya Virechana has shown that, Virechana Karma produced Significant improvement of 50 % in Matsya shakala, 23.3 % in Mandala, 7.14 % in Asvedanam, 53.6 % in Rukshata, 53.53 % in Candlegreaze test, 36.36 % in Auspitz Sign, 50 % in Koebner Phenomenon, 46.15 % in Kandu and 25 % in the Clinical symptom Daha. Statistically Virechana Karma showed highly significant improvement at the level of <0.001 in the symptoms of Matsyashakala, Rukshata and candle grease sign. Statistically significant improvement was observed in the signs and symptoms of Mandala, Asvedanam, Auspitz sign, Koebner's phenomenon, Kandu and Daha. Whereas, Nitya Rechana produced significant improvement of 35.7 % in Matsya shakala, 37.5 % in Mandala, 7.7 % in Asvedanam, 42.9 % in Rukshata, 56.7 % in candlegreaze test, 50 % in Auspitz Sign, 44 % in Kandu and 50 % in the clinical symptom Daha. Nitya Rechana showed statistically highly significant at the level of <0.001 in the symptoms of Matsyashakala, candle grease test. Statistically significant improvement is obtained in case of Mandala, Asvedanam, Rukshata, Auspitz sign Kandu and Daha. Praveen BS concluded that, Nitya Rechana can be selected in the patients having less chronicity, Alpa Bala and who does not want hospitalization. Otherwise it is better to perform classical Virechana Karma for obtaining better relief to the patients of psoriasis. Virechana Karma may be better advocated not only for curative aspect but for prevention of Psoriasis also. The clients having positive family history of psoriasis may undergo Virechana Karma along with Raktamokshana during Sharat season. This may help in preventing the onset of Psoriasis as Virechana Karma maintains homeostasis of Doshas. Genetic factors have been implicated in the pathophysiology of psoriasis. If the psoriasis patients undergo proper Shodhana like Virechana Karma then genetic susceptibility may be prevented as it is having purificatory action till the level of Beeja.

## CONCLUSION

The prevalence of Psoriasis is increasing day by day. There is need to find out treatment modality which will help in prevention and cure of the disease. Ayurveda believes in managing psoriasis through Shodhana and Shamana treatments. Among Shodhana, Virechana Karma

is commonly advocated in the management of Psoriasis as it helps in correcting the basic pathogenic factors viz Pitta, Rakta. While analyzing various research outcomes it seems that Virechana Karma plays an important role in the prevention and cure of psoriasis. It needs to be considered that Virechana karma is not only a complete answer for Psoriasis; as Vamana Karma, Nasya, Basti, Rasayana and Shamana but also have their role in its management.

## REFERENCES

1. Dogra S, Yadav S. Psoriasis in India: Prevalence and pattern. Indian J Dermatol Venereol Leprol 2010; 76: 595-601. <http://dx.doi.org/10.4103/0378-6323.72443> PMID:21079301
2. Christopher RW, Edwards Ian, AD Bouchier, Christopher Haslett and Edwin Chilvers: Davidson's Principles and practice of Medicine, 17 Ed, Churchill Livingstone's Publications; 1996. p. 949
3. Agnivesa; Charaka Samhita, with Ayurveda Deepika Tika by Chakrapaanidatta, published by Chaukambha orientalia, Reprint edition; 2011. p. 450
4. Agnivesa; Charaka Samhita, with Ayurveda Deepika Tika by Chakrapaanidatta, published by Chaukambha orientalia, Reprint edition; 2011. p. 451
5. Agnivesa; Charaka Samhita, with Ayurveda Deepika Tika by Chakrapaanidatta, published by Chaukambha orientalia, Reprint edition; 2011. p. 258
6. Agnivesa; Charaka Samhita, with Ayurveda Deepika Tika by Chakrapaanidatta, published by Chaukambha orientalia, Reprint edition; 2011. p. 451
7. Sushruta; Sushruta Samhita, with Nibandha Sangraha Tika by Dalhanacharya, Published by Chaukambha Orientalia, 7<sup>th</sup> ed; 2009. p. 442
8. Alva Gautham. Comparative Study between pure ghee and Pancha Tikta ghee as a Purvakarma for Virechana in the management of Ekakushtha, Psoriasis, Hassan: Panchakarma, SDMCAH, RGUHS; 2005.
9. BS Praveen. A comparative study of Virechana Karma and Nitya Rechana in the management of Kushta, psoriasis, Hassan: Panchakarma, SDMCAH, RGUHS; 2008.
10. M Anila. Role of Panchatikta Ghrita as Shodharartha Snehapana in the management of Eka Kushta, Psoriasis, Hassan: Panchakarma, SDMCAH, RGUHS; 2010.
11. Devarushi V Praveen. Role of Virechana Karma in the management of psoriasis, Udupi: Panchakarma, SDMCA, RGUHS; 2009.
12. MN Girija. Role of Virechana Karma in the management of psoriasis, Udupi: Panchakarma, SDMCA, RGUHS; 2010.
13. Sushruta; Sushruta Samhita, with Nibandha Sangraha Tika by Dalhanacharya, Published by Chaukambha Orientalia, 7<sup>th</sup> ed; 2009. p. 448
14. BS Praveen. A comparative study of Virechana Karma and Nitya Rechana in the management of Kushta, psoriasis, Hassan: Panchakarma, SDMCAH, RGUHS; 2008.
15. Alva Gautham. Comparative Study between pure ghee and Pancha Tikta ghee as a Purvakarma for Virechana in the management of Ekakushtha, Psoriasis, Hassan: Panchakarma, SDMCAH, RGUHS; 2005.

## Cite this article as:

M Ashvini Kumar, Pujar Muralidhar. Critical appraisal of Virechana karma in Psoriasis. Int. J. Res. Ayurveda Pharm. 2013;4(4):595-598 <http://dx.doi.org/10.7897/2277-4343.04429>